

SURVEY OF PROGRAM DYNAMICS (SPD)

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GENERAL REFERENCE SECTION

stateref

REFERENCE: PERMISSIBLE STATE CODES

AL=Alabama	IA=Iowa	NJ=New Jersey	VT=Vermont
AK=Alaska	KS=Kansas	NM=New Mexico	VA=Virginia
AZ=Arizona	KY=Kentucky	NY=New York	WA=Washington
AR=Arkansas	LA=Louisiana	NC=N. Carolina	WV=W. Virginia
CA=California	ME=Maine	ND=N. Dakota	WI=Wisconsin
CO=Colorado	MD=Maryland	OH=Ohio	WY=Wyoming
CT=Connecticut	MA=Massachusetts	OK=Oklahoma	
DE=Delaware	MI=Michigan	OR=Oregon	
DC=Dist. Colum.	MN=Minnesota	PA=Pennsylvania	
FL=Florida	MS=Mississippi	RI=Rhode Island	
GA=Georgia	MO=Missouri	SC=S. Carolina	
HI=Hawaii	MT=Montana	SD=S. Dakota	
ID=Idaho	NE=Nebraska	TN=Tennessee	
IL=Illinois	NV=Nevada	TX=Texas	(PRESS ENTER)
IN=Indiana	NH=New Hampshire	UT=Utah	→

REFERENCE SCREEN SHIFT-F10 - THIS REFERENCE SCREEN SHOWS INFORMATION THAT PERTAINS TO FUNCTION KEYS

Keymap

F1	BACK one item
F2	FORWARD one item (item must be answered)
F3	NEXT UNANSWERED item
F4	JUMP MENU
F7	Enter NOTES
F9	SKIP to next person
F10	Skip to END
Shift-F1	Current household information
Shift-F3	Current household members (Names only)
Shift-F5	SPANISH translation
Shift-F6	WINDOW toggle (jump to 2nd window)
Shift-F7	View NOTES
Shift-F8	Who's the RESPONDENT?
Shift-F9	Contact person information

___ (PRESS ENTER)

REFERENCE SCREEN SHIFT-F1: HH COMPOSITION SCREEN

HH_COMP1

**THIS SCREEN IS NOT AVAILABLE UNTIL THE
QUESTIONNAIRE PORTION OF THE INTERVIEW.**

PRESS ENTER TO CONTINUE _

Note: After Questionnaire Portion Of The Interview (After HHRESP), The "HH_COMP"
Screen Looks Like This.

HH_COMP2 This screen presents the current HH composition.

Number of persons in HH:
Person currently interviewed:

LN	NAME	RELAT	P S A A E G MAR R X E STAT	S A E R P F D A N N U C	O R I

(roster persons)					

PRESS ENTER TO CONTINUE ____

REFERENCE SCREEN SHIFT-F3 - NAMES OF HH MEMBERS

HHNAME

CURRENT HOUSEHOLD MEMBERS

LINE NAME

(roster persons)

____ (PRESS ENTER)

Note: After Questionnaire Portion Of The Interview (After HHRESP), The “WHOAMI” Screen Looks Like This.

WHOAMI

The current respondent is:

(roster begin persons)

_ (PRESS ENTER)

(REFERENCE SCREEN SHIFT-F4 - Display Previous Wave Household Roster)

HHLWAVE This screen presents the household composition as of LAST interview.

Household telephone number:(Area Code))(Phone - Number)(Extension)

Household address:

HH Respondent: **Only show when HH Roster have more then one members**

Number of persons recorded in HH:

O				P S A		S
S				A E G	MAR	P
P	LN	NAME	RELAT	R X E	STAT	N

(roster persons)						

PRESS ENTER TO CONTINUE

(REFERENCE SCREEN SHIFT-F9 - THIS SCREEN PRESENTS THE CONTACT PERSON'S INFORMATION.)

CP_SUM

NAME 1: CP1 NAME

CP1 ADDRESS

CP RELATIONSHIP

TELEPHONE NO.: (area code) (numbere)-(suffix) **EXT:**

ONLY SHOW WHEN CONTACT PERSONS ARE MORE THEN ONE

NAME 2: CP2 NAME

CP2 ADDRESS

CP2 RELATIONSHIP

TELEPHONE NO.: (area code) (numbere)-(suffix) **EXT:**

- (1) Change information for Contact Person #1
- (2) Change information for Contact Person #2
- (P) PROCEED - All information correct

—
SHOW SECOND NAME WHEN MORE THEN ONE CONTACT PERSON

(Reference Screen - THIS SCREEN PRESENTS THE CONTACT PERSON # 1)

CP1

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

Current telephone: _____

Reference Screen - THIS SCREEN PRESENTS THE CONTACT PERSON # 2

CP2

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

Current telephone: _____

FRONT SECTION

START CENSUS CAPI SYSTEM

**SPD
THE SURVEY OF PROGRAM DYNAMICS
(April 1, 1998)**

PSU:
SEGMENT:

CASE STATUS IS:

DATE IS:
TIME IS:

APPOINTMENT:

- (P) Proceed - PERSONAL INTERVIEW
(A) Set appointment for visit or callback
(Q) Quit -- Do Not Attempt now
(R) Ready to transmit, no more follow-up needed (**#Only show when CASE is ready for transmission**)

—

Set_Outcome

INSTRUCTIONS: This screen is used to set whatever outcome or action code is desired for this case.

It should only be used as a last resort. Headquarters staff will review all cases where this screen has been used.

Old Outcome: (fill outcome)
New Outcome: _____

Old Action Code: (fill action)
New Action Code: _____

DIAL

FR INSTRUCTION: **TELEPHONE INTERVIEWS ARE ALLOWED ONLY AS
A LAST RESORT**

PRESS SHIFT-F4 TO REVIEW HOUSEHOLD COMPOSITION

Dial this number: Area Code: (____) Phone Number: ____ - ____ Ext: ____
Secondary number: Area Code: (____) Phone Number: ____ - ____ Ext: ____

- (1) Someone answers - BEGIN INTERVIEW
- (2) Someone answers - SET APPOINTMENT
- (3) No contact - answer machine/busy/no answer
- (4) New telephone number or telephone disconnected
- (5) Not attempted now

**(This Screen Calls Reference Screen (SHIFT-F4 "HHLWAVE") - Display Previous
Wave Household Roster.)**

T_HHAPPT1

FR INSTRUCTION: SHIFT-F4 TO SEE HOUSEHOLD ROSTER;
INTRODUCE YOURSELF TO RESPONDENT

HH RESPONDENT FROM PREVIOUS WAVE: _____

STREET ADDRESS: _____
TELEPHONE NUMBER: (Area Code) (Phone #) EXT: _____

ASK: Is there a convenient time I can contact your
household to complete this interview?

- (1) YES - Set appointment for interview
- (2) No - Cannot set up appointment
- (3) Need to contact Directory Assistance
- (4) ALL sample persons moved to new address
- (5) Conduct interview NOW

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DASSIST

Enter address or (S) for SAME, if no change needed

FR INSTRUCTION: Call directory assistance in your area
if necessary to obtain the correct telephone
number for this household.

(PRESS SHIFT-F4 TO DISPLAY HOUSEHOLD ROSTER AND ADDRESS
FROM PREVIOUS WAVE)

What is the new telephone number for the (fill RESPNAME)
household?

CURRENT NUMBER: Area Code: ____ Telephone: ____ - ____ Ext: ____

____ - ____

HHAPPT2

When would be a convenient time to conduct an
interview with your household?

HHAPPT3

Before I go, let me verify some information:

Is your address still (READ ADDRESS BELOW) ?

(ADDRESS1)
(ADDRESS2)
(City, State Zip5+4)

- (1) Yes
- (2) No
- (3) Address correction - HH did not move

(Q) End interview

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HHAPPT4

Enter address or (S) for SAME, if no change needed

Current listing: (ADDRESS1)
(ADDRESS2)

Current listing: (City)

Current listing: (State)
___ (H) HELP

Current Listing: (Zip5+4)
_____-____

CURRENT NUMBER: (Area Code) (Phone#) Ext:
_____-____-____

HHAPPT5

FR INSTRUCTION: PRESS SHIFT-F4 TO DISPLAY PREVIOUS WAVE
HOUSEHOLD ROSTER

I have listed (PRESS SHIFT-F4) as living in this household.

Are ALL of these people still living here?

- (1) Yes
- (2) No

(Q) End interview

—

HHAPPT99

Thank you for your assistance. I will visit your household on (date).

FR INSTRUCTION: This household has persons who have moved since the last interview; you may wish to review procedures for movers before the interview.

REMEMBER: Deal with mover cases early in the interview period, so that you have sufficient time to locate and interview the people who moved.

PRESS ENTER TO CONTINUE

—

RECALL

PEOPLE WITH INCOMPLETE SECTIONS

(1) EMPLOYMENT & EARNINGS

LINE NAME

(roster Persons)

(2) INCOME SOURCES

(roster Persons)

(3) EDUC ENROLLMENT, WK TRNG ...

(roster begin Persons)

(4) CHILD CARE ...

(roster begin Persons)

INTRO_D

Those persons listed on the right have not finished those sections.

You can resume the interview with a person in a section, or on the first question where the interview was interrupted (Item No.).

(P) To resume on first skipped question: ITEM NO.

(S) Resume with the first available person in the first incomplete section

(T) Type ABC Screen

—

PEOPLE WITH INCOMPLETE SECTIONS

1. EMPLOYMENT & EARNINGS

LINE NAME
(L_NO) (FULLNAME)

2. INCOME SOURCES

(L_NO) (FULLNAME)

3. EDUC ENROLLMENT, WK TRNG ...

(L_NO) (FULLNAME)

INTRO_D2

Enter the line number of the person you want to resume with.
LINE: ____

PEOPLE WITH INCOMPLETE SECTIONS

1. EMPLOYMENT & EARNINGS

LINE NAME
(L_NO) (FULLNAME)

2. INCOME SOURCES

(L_NO) (FULLNAME)

3. EDUC ENROLLMENT, WK TRNG

(L_NO) (FULLNAME)

4) CHILD CARE ...

(FULLNAME)

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RESP

FR: This interview will resume on
Item: (Last Open Question)

WHO'S THE RESPONDENT?

ENTER LINE NUMBER OF RESPONDENT
BELOW (MUST BE 15 OR OLDER)

LINE: ____

LINE	NAME
(roster persons)	

EM2

A respondent must be 15 or older. This person is listed as
(age) years old.

An age has not been determined for this person. Verify
that this person is 15 or older before continuing.

- (1) To continue with this person (must be 15)
- (2) To pick another respondent
- (3) To arrange a callback

INTRO

Hello. I'm ... from the United States Bureau of the Census. Here is my identification card (**show ID card**). Last year this household was contacted concerning a study on the economic situation of people who live in the United States. In order for us to measure change over time, we need to update that information. I have some further questions to ask you.

FR: DID RESPONDENT RECEIVE ADVANCE LETTER? (IF NOT, GIVE COPY AND ALLOW TIME TO READ)

- (1) Inconvenient time
 - (2) Reluctant Respondent - Hold for refusal follow-up
 - (3) Noninterview (Type A/B/C/D)
 - (4) Entire household moved
 - (5) Contacted Incorrect Household - END INTERVIEW

 - (P) Proceed
-

TYPEABC ENTER NONINTERVIEW CODE

TYPE A

- (1) No one home
- (2) Temporarily absent
- (3) Refused
- (4) Language problem
- (5) Other Type A

TYPE B

- (20) ENTIRE HH institutionalized

TYPE C

- (29) ENTIRE HH deceased
- (30) ENTIRE HH moved out of country
- (31) ENTIRE HH on active duty in Armed Forces

MOVER SITUATIONS

- (32) ENTIRE HH Moved to known address OUTSIDE of FR's area
- (33) ENTIRE HH Moved to known address WITHIN FR's area
- (34) ENTIRE HH merged with another SPD HH
- (35) ENTIRE HH Moved and split into several new SPD HH's
- (36) ENTIRE HH Moved - further work needed to obtain address
- (37) Other Type C

TYPE D

- (38) ENTIRE HH Moved, address unknown
 - (39) ENTIRE HH Moved within US; RO determined case is outside SPD limits
-

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BCINFO

FR INSTRUCTION: For Type B and C noninterviews, collect the following information.

Date the household left sample: Month: __ Day: __

Was the noninterview status determined by observation only? (1-Yes, 2-No) __

Name of person providing noninterview status

Title of contact person (relative, neighbor, etc.)

Contact person's address: _____

City: _____ State: __ ZIP Code: _____ - _____

Telephone number; Area Code: (____) Number: ____ - ____ Extension: _____

SPCIFY

Specify the kind of "Other" Noninterview

TYPC OTH

Specify the kind of "Other" Noninterview

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NI_RACE

Enter the race of the reference person

- (1) White
- (2) Black
- (3) American Indian, Aleut or Eskimo
- (4) Asian or Pacific Islander
- (5) Other
- (D) Don't Know

—

NI_SEX

Enter the Sex of the reference person

- (1) Male
- (2) Female

—

NI_SIZE

ASK OR VERIFY WITH SOME KNOWLEDGEABLE INDIVIDUAL

Enter the total number of people in the household.
Count all children and adults.

___ <1-30>

NI_TENUR

Are the living quarters --

- (1) Owned or being bought by the occupant(s)
- (2) Rented for cash
- (3) Occupied without payment of cash rent

—

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D_INFO

FR INSTRUCTION:

For Type D noninterviews, collect the following information.

Date the household left sample: Month: __ Day: __

Name of person providing noninterview status

Title of contact person (relative, neighbor, etc.)

Contact person's address: _____

City: _____ State: __ ZIP Code: _____

Telephone number; Area Code: (____) Number: ____-____ Extension: _____

TYPEADIS

**** NOTE TO FR ****

PLEASE DISCUSS THIS CASE WITH YOUR SUPERVISOR
BEFORE DESIGNATING IT AS A TYPE A NONINTERVIEW.

PRESS ENTER TO CONTINUE

—

GET_NEWAD1

ASK OR VERIFY -

Can you give me the new address of the individuals who
lived in this household?

- (1) Yes
- (2) No / Address not available yet

—

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GET_NEWAD2

IF ANY PART OF THE ADDRESS IS UNKNOWN OR BLANK,
PRESS ENTER TO LEAVE THOSE FIELDS BLANK.

What is the new address for this/these person(s)?

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____
CITY OR PLACE: _____
STATE: _____

ZIP5 : _____

ZIP4 : _____

TELEPHONE NUMBER: (____) ____-____ Extension: _____

ALFTDATE

DATE OF LAST INTERVIEW:

When did these persons leave?

ENTER NUMERIC VALUES FOR MONTH AND DAY

MONTH: ____
DAY: ____

AVERDATE

I would like to verify that
these persons left before (MONTH) 1st.
Is that correct?

- (1) Yes
- (2) No (JUMP BACK TO ALFTDATE)

—

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ARSNLFT

Why did these persons leave the household?
ENTER ALL THAT APPLY - ENTER (N) AFTER LAST
ENTRY IF LESS THAN 3 REASONS

- (5) Separation or divorce
- (6) Marriage
- (7) Became employed/unemployed
- (8) Due to job change - other
- (10) Other

— — —

ALFTMAIN

What is the main reason these persons
left the household?

Display Reasons

__<1-10>

VERADD

What is your exact address?

CURRENT ADDR: _____

- (1) Address correct as listed
- (2) Some additions/changes to address are needed
- (H) Help

—

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ADDWARN

FR INSTRUCTION:

If the entire household has moved to a new address, DO NOT use the address change screen. Entire-household mover cases should be spawned from the TYPEABC screen. Enter (S) at the prompt to spawn a mover case (or cases).

- (N) No changes needed
- (S) Spawn mover case(s) from TYPEABC screen
- (P) Proceed to the address change screen

—

CHGADD

CURRENT _____
ADDRESS _____

Press ENTER key, if entry is correct (H - Help for State abbreviations)

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

PHY. DESCRIPTION: _____

CITY OR PLACE: _____
STATE: _____
ZIP5: _____
ZIP4: _____

CURRENT TELEPHONE NUMBER:

Area Code: _____ Telephone: _____ - _____ Extension: _____

MAILADDR

Is this also your mailing address?

ADDRESS: _____

- (1) Yes
- (2) No
- (H) Help

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CHGMAIL

FR: Please enter the correct mailing address below.

CURRENT ADDRESS _____

Press ENTER key, if entry is correct (H - Help for State abbreviations)

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

PHY. DESCRIPTION: _____

CITY OR PLACE: _____
STATE: _____
ZIP5: _____
ZIP4: _____

ACCESS

**** DO NOT READ TO RESPONDENT ****

IS ACCESS TO THIS UNIT

- (1) Direct
- (2) Through another unit
- (H) Help

UNIT_CMB

**** DO NOT READ TO RESPONDENT ****

This household must be combined with the household through which access is gained. Determine if the household is in or out of the SPD sample.

- (1) Combined with HH in SPD sample
- (2) Combined with HH NOT in SPD sample

LIVQRT

**** DO NOT READ TO RESPONDENT ****

Enter type of living quarters

HOUSING UNIT

- (1) House, apartment, flat
- (2) HU in nontransient hotel, motel, etc.
- (3) HU permanent, in transient hotel, motel, etc.
- (4) HU in rooming house
- (5) Mobile home or trailer with NO permanent room added
- (6) Mobile home or trailer with one or more permanent rooms added
- (7) HU not specified above

GROUP QUARTERS UNIT

- (8) Quarters not HU in rooming or boarding house
- (9) Unit not permanent in transient hotel, motel, etc.
- (11) Student quarters in college dormitory
- (12) OTHER GROUP QUARTERS UNIT not specified above

—

UNITS

ASK IF NOT APPARENT

How many housing units, both occupied and vacant,
are there in this structure?

- (1) One, detached
- (2) One, attached
- (3) Two
- (4) 3-4
- (5) 5-9
- (6) 10-19
- (7) 20-49
- (8) 50 or more

—

BEGIN

I'm ready to begin the interview with questions about who lives here, their ages, how they're related to each other, and other information of that sort. Then, I will ask questions about your jobs and any other sources of income.

First, I will ask you about YOURSELF and then I'll need to interview any other adults in the household.

PRESS ENTER TO CONTINUE

—

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VERMAIL

Is your mailing address:

ADDRESS: _____

- (1) Yes
- (2) No
- (H) Help

—

CHVMAIL

FR: Please enter the correct mailing address below.

If entry is correct, press the ENTER key, (H - Help for State abbreviations)

NUMBER: _____
SUFFIX: _____
STREET NAME: _____
UNIT: _____

PHY. DESCRIPTION: _____

CITY OR PLACE: _____
STATE: _____
ZIP5: _____
ZIP4: _____

TENURE

Are your living quarters --

- (1) Owned or being bought by you or someone in your household
- (2) Rented for cash
- (3) Occupied without payment of cash rent

—

VERFYTEN

Previously, we recorded that your living quarters were
(owned or being bought by you or someone in your household/rented for
cash/occupied without payment of cash rent).

Is that correct?

- (1) Yes
- (2) No

NEWTEN

ENTER CORRECT LIVING QUARTERS STATUS

- (1) Owned or being bought by you or someone
in your household
 - (2) Rented for cash
 - (3) Occupied without payment of cash rent
-

PUBHSE

Is this residence in a public housing project, that is,
is it owned by a local housing authority?

- (1) Yes
 - (2) No
 - (D) Don't Know
 - (H) Help
-

GVTRNT

Is the Federal, State or local government paying part
or all of the rent for this residence?

- (1) Yes
 - (2) No
 - (D) Don't Know
 - (H) Help
-

PHSEC8

Is this through Section 8 or some other government program?

- (1) Section 8
 - (2) Some other government program
 - (3) Not sure
-

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STLLIV	LINE NAME
During our last interview we listed (READ NAMES) as living at this residence. Do all of these persons live here now?	----- SHOW HOUSEHOLD ROSTER
(1) Yes	
(2) No	

NOTLIV		
LEFT LINE	NAME	RELATIONSHIP
1		
2	Roster names	

Which of these persons do not live here now? ENTER NO. _____

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LFTDATE

DATE OF LAST INTERVIEW:

When did (NAME) leave?

MONTH: ____

DAY: ____

YEAR: ____ (4 DIGITS)

VERDATE

I would like to verify that (NAME)
left before (MONTH) 1. Is that correct?

(1) Yes

(2) No

RSNLFT

Why did (NAME) leave the household?

____ ENTER ALL THAT APPLY - (N) FOR NO MORE

____ (1) Deceased

____ (2) Institutionalized

____ (3) On active duty in the Armed Forces

____ (4) Moved outside of U.S.

____ (5) Separation or divorce

____ (6) Marriage

____ (7) Became employed/unemployed

____ (8) Due to job change - other

____ (9) Listed in error in prior interview

____ (10) Other

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LFTMAIN

What is the main reason (NAME) left the household?

- (1) Deceased
- (2) Institutionalized
- (3) On active duty in the Armed Forces
- (4) Moved outside of U.S.
- (5) Separation or divorce
- (6) Marriage
- (7) Became employed/unemployed
- (8) Due to job change - other
- (9) Listed in error in prior interview
- (10) Other

—

WHOELSE

PEOPLE WHO HAVE MOVED TO THE SAME ADDRESS

LEFT LINE NAME

RELATIONSHIP

roster persons

ASK IF NECESSARY:

Did anyone else who lived here last time go
to live with **(READ NAME(S) ABOVE)**?

- (1) Yes
- (2) No

NEWADD

What is the new address for **READ NAMES ABOVE?**

FR: Do you know the new address? (1=yes, 2=no) _____

Number and Street:

____ADR1

____ADR2

City: _____CITY County: _____CTY

State: _____STATE (H) HELP

ZIP5: _____

ZIP4: _____ TELEPHONE NUMBER _____ - _____EXT

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FRAREA

QUESTION TO FR:

Is this address within your interview area?

- (1) Yes
- (2) No
- (3) Further work needed to obtain address

MORLEAV

LEFT LINE	NAME	RELATIONSHIP
1		
2	Roster names	

Is anyone else who lived here last time currently not living here? (1=yes, 2=no) _____

NEWMBR

Is there anyone else living or staying here now, who I have not listed?

Is anyone else living or staying here now who I have not listed, including any newborn babies?

LN NAME

SHOW HOUSEHOLD ROSTER

FMRMBR

FR NOTE: Is the new household member you just added shown on the list of former household members?

(IF YES, ENTER LINE NUMBER)

(N) No, not shown

LINE: _____

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MOREFMR

Did anyone else on this list rejoin this household?

- (1) Yes
(2) No

ADDFMR

Who is that?

(N) No more

LINE: _____

NEWNAME

What is the name of the new person?
Please include middle and maiden names.
(PRESS ENTER, IF NO MIDDLE OR MAIDEN NAME)

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____
MAIDEN NAME _____

Has he/she ever gone by any other last name?
(PRESS ENTER, IF NO OTHER LAST NAME)

OTHER NAME _____

NEWRES

Does (NAME) usually live here?

- (1) Yes
(2) No

NEWURE

Does (NAME) have some other residence where
he/she usually lives?

- (1) Yes
(2) No

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NOLIST

Since (NAME) does not usually live here and has another residence he/she will not be included in this survey.

_____ (PRESS ENTER)

ENTDATE

When did (NAME) begin living here?

(B) If person lived at this address before
sample person(s) entered.

MONTH: ____

DAY: ____

YEAR: _____ (4 DIGITS)

VERDAT

I would like to verify that (NAME) joined this household before (MONTH) 1st. Is that correct?

(1) Yes

(2) No

RSNENT

Why did (NAME) join this household?

_____ **ENTER ALL THAT APPLY - (N) FOR NO MORE**

_____ (1) Birth

_____ (2) Marriage

(____) (3) Returned to household after missing one or more waves)

_____ (4) Due to separation or divorce

_____ (5) From an institution

_____ (6) From Armed Forces barracks

_____ (7) From outside the U.S.

(____) (8) Should have been listed as member in last interview)

_____ (9) Became employed/unemployed

_____ (10) Job change - other

_____ (11) Lived at this address before sample person(s) entered

_____ (12) Other

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ENTMAIN

What was the main reason (NAME) entered the household?

- (1) Birth
- (2) Marriage
- ((3) Returned to household after missing one or more waves)
- (4) Due to separation or divorce
- (5) From an institution
- (6) From Armed Forces barracks
- (7) From outside the U.S.
- ((8) Should have been listed as member in last interview)
- (9) Became employed/unemployed
- (10) Job change - other
- (11) Lived at this address before sample person(s) entered
- (12) Other

NEWSEX

ASK IF NOT APPARENT:

Is (NAME) Male or Female?

- (1) Male
- (2) Female

HHRESP	LN NAME
WHO'S THE RESPONDENT?	-----
ENTER LINE NUMBER OF RESPONDENT (MUST BE 15 OR OLDER)	SHOW HOUSEHOLD ROSTER
LINE: _____	

EM1

(A respondent must be 15 or older. This person is listed as (AGE) years old.

An age has not been determined for this person. Verify that this person is 15 or older before continuing.)

- (1) To continue with this person (must be 15)
- (2) To pick another respondent
- (3) To arrange a callback

NEWRP

FR NOTE: Last time we recorded that (NAME) was the person or one of the persons who owned or rented the home. (He/She) no longer lives here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ENTER LINE NUMBER _____

EM1B

A reference person must be 15 or older. This person is listed as (age) years old.

An age has not been determined for this person. Verify that this person is 15 or older before continuing.

- (1) To continue
- (2) To pick another reference person
- (3) To arrange a callback

—

NEWRP2

FR NOTE: Last time we recorded that (NAME) was the person or one of the persons who owned or rented the home. (He/She) no longer lives here.

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

ENTER LINE NUMBER _____

NEWRP3

FR NOTE: Last time we recorded that (NAME) owned or rented the home.

Now that your address has changed, I need to know if (NAME) is the person or one of the persons who owns or rents this home.

- (1) Yes, same person owns/rents home
- (2) No, someone else owns/rents home

—

NEWRP4

Who owns or rents this home?

WARNING: THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER
ENTER LINE NUMBER _____

NEWRRP

FLASHCARD A

Which one of the responses listed best describes (your/name's)
relationship to (NAME)?

- (20) Spouse (Husband/Wife)
 - (21) Unmarried Partner

 - (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)

 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
- _____
-

SPOUSE1

DO NOT READ TO RESPONDENT UNLESS NECESSARY

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
------	------	-----

- (1) To correct LINE (REF_LNO)'s SEX entry
 - (2) To correct LINE (L_NO)'s SEX entry
 - (3) Neither sex entry is incorrect
- _____
-

SPOUSE2

You said (NAME1) is (NAME2)'s spouse. Is that correct?

- (1) Yes
- (2) No

SPOUSE3

DO NOT READ TO RESPONDENT UNLESS NECESSARY

Earlier I recorded (NAME3) was (NAME2)'s spouse.

You have just reported (NAME1) is also (NAME2) spouse. Which is correct?

- (1) (NAME3) is the correct spouse. Change relationship entry of (NAME1)
 - (2) (NAME1) is the correct spouse. Change relationship entry of (NAME3)
- _____

SPOUSE4

Please turn to flashcard A. What is (NAME1)'s relationship to (NAME2)?

- (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
- _____

DAD1

You have reported both (NAME3) and (NAME1) are parents of (NAME2)

Is that correct?

- (1) No, change relationship to reference person code for (NAME1)
 - (2) No, change relationship to reference person code for (NAME3)
 - (3) Yes, this is correct.
(One is natural father, one is step-father, for example)
- _____

DAD2

Please look at flashcard A. What is (NAME3)'s relationship to (NAME2)?

- (21) Unmarried Partner
 - (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
- _____

MOM1

You have reported both (NAME3) and (NAME1) are parents of (NAME2)

Is that correct?

- (1) No, change relationship to reference person code for (NAME1)
 - (2) No, change relationship to reference person code for (NAME3)
 - (3) Yes, this is correct.
(One is natural mother, one is step-mother, for example)
- _____

MOM2

Please look at flashcard A. What is (NAME3)'s relationship to (NAME2)?

- (21) Unmarried Partner
 - (22) Child
 - (23) Grandchild
 - (24) Parent (Mother/Father)
 - (25) Brother/Sister
 - (26) Other Relative of Reference Person
(Uncle, cousin, mother-in-law, father-in-law, etc.)
 - (27) Foster Child
 - (28) Housemate/Roommate
 - (29) Roomer/Boarder
 - (30) Other Non-Relative of Reference Person
- _____

Survey of Program Dynamics

RPDAD

I've recorded that (NAME) is (NAME2)'s father. Is (NAME2) his biological, step, adopted or foster child?

- (1) Biological or natural
 - (2) Stepchild
 - (3) Adopted child
 - (4) Foster child
- _____

RPDAD2

Is (NAME2) also his adopted child?

- (1) Yes
- (2) No

RPMOM

I've recorded that (NAME1) is (NAME2)'s mother. Is (NAME2) her biological, step, adopted or foster child?

- (1) Biological or natural
 - (2) Stepchild
 - (3) Adopted child
 - (4) Foster child
- _____

RPMOM2

Is (NAME2) also her adopted child?

- (1) Yes
 - (2) No
- _____

INTROCC

Now I will briefly review a little information about the people who live here.

____ (PRESS ENTER)

Survey of Program Dynamics

AGECHK

I have listed that (your/name's) age is (AGE) (this month).
Is that correct?

- (1) Yes
- (2) No

NUBDAY

What is (your/name's) date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

BIRTH MONTH

PREVIOUS ANSWER: _____

DAY OF MONTH

PREVIOUS ANSWER: _____

BIRTH YEAR

PREVIOUS ANSWER: _____

DOB

What is (your/name's) date of birth?

- | | | |
|--------------|------------|---------------|
| (1) January | (5) May | (9) September |
| (2) February | (6) June | (10) October |
| (3) March | (7) July | (11) November |
| (4) April | (8) August | (12) December |

ENTER MONTH: _____

ENTER DAY: _____

ENTER 4 DIGIT YEAR: _____

DOBA

Would you say (NAME) Is:

- (1) (AGE1) years of age?
- (2) (AGE2) years of age?
- (N) Neither is correct

Survey of Program Dynamics

VERAGE

That would make (you/name) (AGE).
Is that correct?

- (1) Yes, age is correct
- (2) No, age is not correct

AGEGES

ENTER YOUR BEST ESTIMATE OF (NAME)'s AGE:

OLDMS

Last time I recorded (your/name's) marital status as (STATUS).
Is that (your/his/her) current marital status?

- (1) Yes
- (2) No

OLDSP

Last time I recorded that (you/name) (were/was)
married to (NAME). Is that currently correct?

- (1) Yes
- (2) No

MS

What is (your/name)'s current Marital Status?

- ((1) Married, SPOUSE PRESENT)
- (2) Married, SPOUSE ABSENT
- (3) Widowed
- (4) Divorced
- (5) Separated
- (6) Never married

Survey of Program Dynamics

LNSP	LISTING OF ELIGIBLE SPOUSES
ENTER LINE NUMBER OF (NAME)'s SPOUSE. (ASK IF NECESSARY)	----- LINE NAME
(N) No one listed	

SPSSX1

(DO NOT READ TO RESPONDENT UNLESS NECESSARY)

Is one of the following SEX entries incorrect?

LINE	NAME	SEX
------	------	-----

- (1) To correct Line (L NO)'s SEX entry
- (2) To correct Line (X)'s SEX entry
- (3) Neither SEX entry is incorrect

SPSSX2

You said (NAME3) is (NAME1)'s spouse.
Is that correct?

- (1) Yes
(2) No

EVRWID

(Have/Has) (you/name) EVER been widowed?

- (1) Yes
(2) No

EVRDIV

(Have/Has) (you/name) EVER been divorced?

- (1) Yes
(2) No

Survey of Program Dynamics

AFEVER

Did (you/name) ever serve on active duty in the U.S. Armed Forces?

- (1) Yes
- (2) No

AFWHEN

From a previous interview, we recorded that (you/name) served on active duty in the U.S. Armed Forces, but we don't have a record of the times served. When did (you/name) serve on active duty?

(ENTER ALL THAT APPLY)

When did (you/name) serve on active duty?

- (N) No more
- (X) Information is wrong, never served in Armed Forces
- (H) Why are different service periods displayed?

ANSWER: _____

Did (you/name) serve on active duty any other times?

- ____(1) August 1990 to present (including Persian Gulf War)
- ____(2) September 1980 to July 1990
- ____(3) May 1975 to August 1980
- ____((4) Vietnam Era (Aug.'64 - April '75))
- ____((5) Other service (All other periods))

AFNOW

(Are/Is) (you/name) now on active duty in the Armed Forces?

- (1) Yes
- (2) No

OLDED

I have recorded that (your/name's) highest level
of school completed or highest degree received is:
(Education Level)

Is that still correct?

- (1) Yes
- (2) No

EDUCA

FLASHCARD B

What is the highest level of school (you/name) (have/has) completed or the
highest degree (you/he/she) (have/has) received?

- | | |
|--|--------------------------------------|
| (31) Less than 1st grade | (44) Bachelors degree |
| (32) 1st,2nd,3rd or 4th grade | (For example: BA, AB, BS) |
| (33) 5th or 6th grade | (45) Master's degree (For example: |
| (34) 7th or 8th grade | MA, MS, MEng, MEd, MSW, MBA) |
| (35) 9th grade | (46) Professional School Degree (For |
| (36) 10th grade | example: MD,DDS,DVM,LLB,JD) |
| (37) 11th grade | (47) Doctorate degree |
| (38) 12th grade, no diploma | (For example: PhD, EdD) |
| (39) HIGH SCHOOL GRADUATE - high school | |
| DIPLOMA or equivalent (e.g., GED) | |
| (40) Some college but no degree | |
| (41) Diploma or certificate from a vocational, technical, | |
| trade or business school beyond the High School level | |
| (42) Associate degree in college - Occupational/vocational program | |

LNMMOM

LIST OF ELIGIBLE FEMALES

LINE NAME

List of eligible males

Is (your/name's) mother a member of this household?
(SEE LIST ABOVE FOR ELIGIBLE PEOPLE)

Enter (N), if not listed above

LINE NO. _____

Survey of Program Dynamics

TYPMOM

(NAME) is the parent.

(Are/Is) (you/name) her biological, step, adopted,
or foster child?

- (1) Biological or natural
 - (2) Stepchild
 - (3) Adopted child
 - (4) Foster child
- _____

TYPMOM2

(Are/Is) (you/name) also (NAME)'s adopted child?

- (1) Yes
 - (2) No
- _____

STPMOM

Is (NAME) also her stepchild?

- (1) Yes
 - (2) No
- _____

LNDAD

LIST OF ELIGIBLE MALES

LINE NAME

List Eligible males

Is (your/name's) father a member of this household?

IF NO, ENTER (N)

IF YES, ENTER THE FATHER'S LINE NUMBER

Survey of Program Dynamics

TYPDAD

(NAME) is the parent.

(Are/Is) (NAME1) also (NAME3)'s adopted child?

(1) Yes

(2) No

STEPPAD

Is (NAME) also his stepchild?

(1) Yes

(2) No

OLDGRD

I have listed that (NAME2) is (NAME)'s guardian.
Is that correct ?

(1) Yes

(2) No

LNGD

Who in this household is most knowledgeable person
about (NAME) and (his/her) activities?

(N) Not listed

LISTING OF ELIGIBLE GUARDIANS

LINE NAME

roster persons

NEWRACE

FLASHCARD C

Which of the categories (on this card) best describes (your/name's) race?

IF TELEPHONE INTERVIEW, READ CATEGORIES TO RESPONDENT

- (1) White
 - (2) Black
 - (3) American Indian, Aleut, or Eskimo
 - (4) Asian or Pacific Islander
 - (5) Other Race
- _____

OTHRAC

Enter the specific race reported.

ORIGIN

FLASHCARD D

What is (your/name's) origin or descent?
(READ CATEGORIES IF NECESSARY FOR TELEPHONE INTERVIEWS)

- | | | |
|---------------------|-------------------------|--|
| (1) Canadian | (20) Mexican | (30) African-American or Afro-American |
| (2) Dutch | (21) Mexican-American | |
| (3) English | (22) Chicano | (31) American Indian, Eskimo or Aleut |
| (4) French | (23) Puerto Rican | (32) Arab |
| (5) French-Canadian | (24) Cuban | |
| (6) German | (25) Central American | (33) Asian |
| (7) Hungarian | (26) South American | (34) Pacific Islander |
| (8) Irish | (27) Dominican Republic | (35) West Indian |
| (9) Italian | (28) Other Hispanic | |
| (10) Polish | | (39) Another group not listed |
| (11) Russian | | |
| (12) Scandinavian | | (40) American |
| (13) Scots-Irish | | |
| (14) Scottish | | |
| (15) Slovak | | |
| (16) Welsh | | |
| (17) Other European | | |
- _____

BCNTRY

FLASHCARD E

What country (was/were) (name/you) born in?

- | | | |
|--------------------------|-------------------------|-------------------------|
| (301) Canada | (383) Guyana | (315) Mexico |
| (206) Cambodia | (342) Haiti | (316) Nicaragua |
| (207) China | (314) Honduras | (385) Peru |
| (379) Colombia | (209) Hong Kong | (231) Philippines |
| (337) Cuba | (117) Hungary | (128) Poland |
| (339) Dominican Republic | (210) India | (129) Portugal |
| (380) Ecuador | (212) Iran | (72) Puerto Rico |
| (312) El Salvador | (119) Ireland/Eire | (192) Russia |
| (139) England | (120) Italy | (140) Scotland |
| (109) France | (343) Jamaica | (238) Taiwan |
| (110) Germany | (215) Japan | (239) Thailand |
| (116) Greece | (217) Korea/South Korea | (351) Trinidad & Tobago |
| (313) Guatemala | (221) Laos | (242) Vietnam |
| (57) United States | | |
| (M) More countries | | |
-

BCNTRY_1

What country (were/was) (you/name) born in?

- | | | |
|----------------------|----------------------|---------------------|
| (200) Afghanistan | (103) Belgium | (415) Egypt |
| (60) American Samoa | (300) Bermuda | (417) Ethiopia |
| (375) Argentina | (376) Bolivia | (507) Fiji |
| (185) Armenia | (377) Brazil | (108) Finland |
| (102) Austria | (205) Burma | (421) Ghana |
| (501) Australia | (378) Chile | (138) Great Britain |
| (130) Azores | (311) Costa Rica | (340) Grenada |
| (333) Bahamas | (155) Czech Republic | (66) Guam |
| (202) Bangladesh | (105) Czechoslovakia | (126) Holland |
| (334) Barbados | (106) Denmark | (211) Indonesia |
| (310) Belize | (338) Dominica | |
| (M) More countries | | |
| (57) United States | | |
-

Survey of Program Dynamics

BCNTRY_2

- | | | |
|--------------------|----------------------------|---------------------------|
| (213) Iraq | (440) Nigeria | (134) Spain |
| (214) Israel | (142) Northern Ireland | (136) Sweden |
| (216) Jordan | (127) Norway | (137) Switzerland |
| (427) Kenya | (229) Pakistan | (237) Syria |
| (183) Latvia | (253) Palestine | (240) Turkey |
| (222) Lebanon | (317) Panama | (78) U.S. Virgin Islands |
| (184) Lithuania | (72) Puerto Rico | (195) Ukraine |
| (224) Malaysia | (132) Romania | (180) USSR |
| (436) Morocco | (233) Saudi Arabia | (387) Uruguay |
| (126) Netherlands | (234) Singapore | (388) Venezuela |
| (514) New Zealand | (156) Slovakia/Slovak Rep. | (147) Yugoslavia |
| (449) South Africa | | |
- (M) More countries
(B) Previous screen
(57) United States
-

BCNTRY_3

The country you have named is not on my list. Can you tell me what part of the world that country is in? **(READ LIST IF NECESSARY)**

- | | | |
|------------------------|--------------------|-----------------------|
| (353) Caribbean | (148) Europe | (245) Asia |
| (318) Central American | (252) Middle East | (527) Pacific Islands |
| (389) South American | (468) North Africa | (555) Elsewhere |
| (304) North American | (462) Other Africa | |

- (B) Previous screen
-

-CITIZEN-

(Are/Is) (you/name) a U.S. citizen?

- (1) Yes
(2) No
-

Survey of Program Dynamics

-NATCIT-

(Are/Is) (you/name) a citizen through naturalization or were you born abroad of American parents?

- (1) Naturalized citizen
- (2) Born abroad of American parents

NATMONYR

In what month and year did (you/Name) become a citizen of the U.S.?

MONTH: _____ (ENTER DIGITS)

(0) Enter 0, if before 1900

YEAR: _____ (ENTER DIGITS)

E1

FR: The year just entered comes before the person's birth year.
If the previous answer is wrong, press F1 to back up and change the answer.

If the previous answer is correct, use the jump menu (press F4) to correct the person's year of birth. You can return to this point in the interview by pressing F3.

_____ (PRESS ENTER)

WHATLANG

What is this language? **(MARK ONLY ONE. IF MORE THAN ONE, PROBE: WHAT IS THE MAIN LANGUAGE, OTHER THAN ENGLISH?)**

- (1) Spanish
- (2) Asian language (e.g., Chinese, Japanese, Vietnamese)
- (3) Other European language (e.g., French, German, Polish)
- (4) Other - specify

SPECIFY: _____

Survey of Program Dynamics

ENGLISH

How well (do/does) (you/name) speak English?

- (1) Very Well
- (2) Well
- (3) Not well
- (4) Not at all

WD1

LINE

NAME

I have listed the following people as living here now (READ LIST).

Since May 1997, did any of these people live somewhere else for a total of 30 days or more, not counting vacations or business trips?

DO NOT INCLUDE TIME PRIOR TO JOINING HOUSEHOLD

(1-YES, 2-NO)

(N) No more

Who lived elsewhere? _____
Anyone else?

Survey of Program Dynamics

W3

Since May 1997, during which months did (you/NAME) live away from this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period; use "A" for ALL; use "0" to erase; use "N" for no more.

FROM ____ TO ____	FROM ____ TO ____	FROM ____ TO ____	FROM ____ TO ____
FROM ____ TO ____	FROM ____ TO ____	FROM ____ TO ____	FROM ____ TO ____
** 1997 **	** 1997 **	** 1998 **	** 1998 **
__ 1 MAY	__ 5 SEP	__ 9 JAN	__ 13 MAY
__ 2 JUN	__ 6 OCT	__ 10 FEB	__ 14 JUN
__ 3 JUL	__ 7 NOV	__ 11 MAR	__ 15 JUL
__ 4 AUG	__ 8 DEC	__ 12 APR	

W4A

During that time, was (NAME) living alone or was (he/she) living with other people?

- (1) Living alone
- (2) Living with other people

W4B

(Were/Was) (you/name) living in a house or apartment or (were/was) (you/he/she) living in a group setting such as a dormitory, nursing home, prison, or emergency shelter?

- (1) House or apartment
- (2) Group setting

W4C

How (are/is) (you/name) related to the person who owned or rented that house or apartment?

- (1) Spouse
- (2) Child
- (3) Parent
- (4) Brother/Sister
- (5) Other relative
- (6) Nonrelative

W5

Besides the people living here now, was there anyone else who lived in this household for a total of 30 days or more, not counting vacations, since May 1997?

DO NOT INCLUDE ANYONE PREVIOUSLY LISTED ON ROSTER

- (1) Yes
- (2) No

W6

What are the names of the other people who lived here?
And what is that person's name?

FIRST: _____
MIDDLE: _____
LAST: _____

Anyone else?

- (1) Yes
- (2) No

Survey of Program Dynamics

W7

Since May 1997, during which months did (NAME) live in this household?

INTERVIEWER: Enter "FROM (MONTH) TO (MONTH)" for each time period; use "A" for ALL; use "0" to erase; use "N" for no more.

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

** 1997 **

____ 1 MAY

____ 2 JUN

____ 3 JUL

____ 4 AUG

** 1997 **

____ 5 SEP

____ 6 OCT

____ 7 NOV

____ 8 DEC

** 1998 **

____ 9 JAN

____ 10 FEB

____ 11 MAR

____ 12 APR

** 1998 **

____ 13 MAY

____ 14 JUN

____ 15 JUL

TSEX

ASK IF NOT APPARENT:

Is (NAME) Male or Female?

(1) Male

(2) Female

TRRP

FLASHCARD A

Which one of the responses listed best describes (your/name's) relationship to (REF NAME)?

(20) Spouse (Husband/Wife)

(21) Unmarried Partner

(22) Child

(23) Grandchild

(24) Parent (Mother/Father)

(25) Brother/Sister

(26) Other Relative of Reference Person

(Uncle, cousin, mother-in-law, father-in-law, etc.)

(27) Foster Child

(28) Housemate/Roommate

(29) Roomer/Boarder

(30) Other Non-Relative of Reference Person

TAGE

Survey of Program Dynamics

What is (your/name's) age?

AGE: _____

TM

During the time (NAME) was living in this household,
did (he/she) contribute any money toward paying household expenses?

(1) Yes

(2) No

SSN

What is (your/name's) Social Security or Railroad
Retirement Number?

(N) None -- Doesn't have an SSN or RRN

CBSSN

This information is especially important to the survey.
If I were to call you later do you think I might be able to
get the information then?

(1) Yes

(2) No

Survey of Program Dynamics

CHANGE

FR: VERIFY & CORRECT INFORMATION. FOR INCORRECT INFORMATION, ASK:

"I need to verify some of the information I have collected for ...

(P) All correct **Or** Enter LINE NUMBER of Person Needing a CHANGE

_____ **"SHIFT-F6" TO DISPLAY FULL ROSTER**

LN	NAME	R A C	O R I	E D U	S S N

Show Household Roster					

CHG_ WHAT

What change is needed for: (NAME)

- | | |
|----------------------------------|----------------------------------|
| (M) Mistake -- no changes needed | (4) Race |
| (2) Name | (5) Origin |
| (3) Educational attainment | (6) Social Security Number _____ |

PRESS "SHIFT-F6" TO DISPLAY FULL ROSTER IF NEEDED

LN	NAME	RAC	ORI	EDU	SSN

Show Household Roster					

FIXNAME

What is the name of the person living or staying here? Please include middle and maiden names.
PRESS ENTER IF NO MIDDLE OR MAIDEN NAME

FIRST NAME	_____
MIDDLE NAME	_____
LAST NAME	_____
MAIDEN NAME	_____

Has he/she ever gone by any other last name?
PRESS ENTER IF NO "OTHER" NAME

OTHER NAME	_____
------------	-------

FIXEDUC

FLASHCARD B

What is the highest level of school (NAME) has completed or the highest degree (he/she) (has) received?

- | | |
|-------------------------------|--------------------------------------|
| (31) Less than 1st grade | (44) Bachelors degree |
| (32) 1st,2nd,3rd or 4th grade | (For example: BA, AB, BS) |
| (33) 5th or 6th grade | (45) Master's degree (For example: |
| (34) 7th or 8th grade | MA, MS, MEng, MEd, MSW, MBA) |
| (35) 9th grade | (46) Professional School Degree (For |
| (36) 10th grade | example: MD,DDS,DVM,LLB,JD) |
| (37) 11th grade | (47) Doctorate degree |
| (38) 12th grade, no diploma | (For example: PhD, EdD) |
- (39) HIGH SCHOOL GRADUATE - high school DIPLOMA
or equivalent (For example: GED)
- (40) Some college but no degree
- (41) Diploma or certificate from a vocational, technical,
trade or business school beyond the High School level
- (42) Associate degree in college - Occupational/vocational program
- (43) Associate degree in college - Academic program _____

FIX_ED_B

(Have/Has) (you/name) completed high school by means of a GED or other equivalency test or program?

- (1) Yes
(2) No
- _____

FIXRACE **FLASHCARD C**

Which of the categories on this card best describes (your/name's) race?

- (1) White
(2) Black
(3) American Indian, Aleut, or Eskimo
(4) Asian or Pacific Islander
(5) Other Race
- _____

Survey of Program Dynamics

FIX_ORAC

Enter the specific race reported.

FIXORIG **FLASHCARD D**

Which of the categories on this card best describes (your/name's) origin or descent?

- | | | |
|---------------------|-------------------------|-------------------------------|
| (1) Canadian | (20) Mexican | (30) African-American or |
| (2) Dutch | (21) Mexican-American | Afro-American |
| (3) English | (22) Chicano | (31) American Indian, |
| (4) French | (23) Puerto Rican | Eskimo or Aleut |
| (5) French-Canadian | (24) Cuban | (32) Arab |
| (6) German | (25) Central American | (33) Asian |
| (7) Hungarian | (26) South American | (34) Pacific Islander |
| (8) Irish | (27) Dominican Republic | (35) West Indian |
| (9) Italian | (28) Other Hispanic | |
| (10) Polish | | (39) Another group not listed |
| (11) Russian | | |
| (12) Scandinavian | | (40) American |
| (13) Scotch-Irish | | |
| (14) Scottish | | |
| (15) Slovak | | |
| (16) Welsh | | |
| (17) Other European | | _____ |

FIXSSN

What is (your/name's) Social Security or Railroad Retirement Number?

(N) None -- Doesn't have an SSN or RRN

_____ - _____ - _____

CHG_MORE

Are any more changes needed for: (NAME)
(1-Yes, 2-No)

FALLOUT

FR INSTRUCTION:

ALL HOUSEHOLD MEMBERS ELIGIBLE FOR INTERVIEW (NO LONGER LIVE IN THE HOUSEHOLD./ARE UNDER THE AGE OF 15./ARE CURRENTLY SERVING IN THE ARMED FORCES.)

THIS HOUSEHOLD IS NOW CLASSIFIED A TYPE C NONINTERVIEW.

IF THIS IS INCORRECT, DO THE FOLLOWING: (RESTART THE CASE IN CASE MANAGEMENT./ PRESS F1; BACKUP AND VERIFY AGE IN THE AGECHK SCREEN./PRESS F1; CHANGE ARMED FORCES STATUS IN THE AFNOW SCREEN.)

IF THIS INFORMATION IS CORRECT,
PRESS ENTER TO CLOSE OUT THE CASE.

H_MSNGPRSN

This question is intended to verify that there are no other persons in the household. Studies have shown that persons will occasionally forget to mention certain persons in the household who would qualify for SPD interviews, such as temporary roomers, persons who live or stay in that unit part of the month, etc.

PRESS "ENTER" TO EXIT HELP _____

H_LIVEAT

Part of the housing unit definition includes the idea that people living in a unit will either live together OR eat together.

PRESS "ENTER" TO EXIT HELP _____

H_OTHLIV

Part of the housing unit definition includes the idea that people living in a unit will either live together or eat together, and that no other persons in the structure (i.e., in another unit or room) live or eat with this household.

PRESS "ENTER" TO EXIT HELP _____

H_XACCESS

If the people who do not live or eat with the household members have direct access to a separate living arrangement, from the outside or through a common hallway, mark "Yes".

PRESS "ENTER" TO EXIT HELP _____

H_USUAL

This is the usual place of residence if this address is the household member's sole address, or if the household member has 2 addresses but lives at this address most days in a given month.

PRESS "ENTER" TO EXIT HELP _____

H_NXTLIV

The household member usually lives here if this address is the his/her sole address, or if the household member has 2 addresses but lives at this address most days in a given month.

PRESS "ENTER" TO EXIT HELP _____

H_TRRP2

- o The CHILD response includes natural, step, and adoptive children. Foster children are classified as code 27.
- o The PARENT response does NOT include in-laws; they are classified as code 26.
- o UNMARRIED PARTNERS live together in a housing unit as if they were married partners.
- o HOUSEMATE/ROOMMATES share a housing unit and living expenses for economic reasons.
- o ROOMER/BOARDERS pay rent to live in the reference person's home.

PRESS "ENTER" TO EXIT HELP _____

H_AGEAGES

If the respondent does not know a person's age, enter the best estimate of the person's age in this screen.
Age is important to the CAPI questionnaire's ability to skip correctly for specific questions.

PRESS "ENTER" TO EXIT HELP _____

H_VERAGE

Age is calculated as of the last day of the interview month.
If calculated age is not correct, answering "No" will permit
you to correct the date of birth entries from the previous screen.

PRESS "ENTER" TO EXIT HELP _____

H_MS

- o If the person's spouse is NOT a household member but he/she reports being married, mark "Married, spouse ABSENT"
- o If the person is separated from his/her spouse because of mutual agreement or by a legal decree but he/she is not yet divorced, mark "Separated".
- o If the person reports having been married but the marriage was annulled, mark the "never married" category.

PRESS "ENTER" TO EXIT HELP _____

H_AFWHEN

The CAPI instrument will display only those service periods that are appropriate to the age of the person. Note that you may record up to 4 time periods of active duty service.

PRESS "ENTER" TO EXIT HELP _____

H_EDUCA

This item provides information on the current educational level of persons. Be sure the level marked was completed. For example, persons may have attended college but not completed a degree; in this case, code 40 should be marked. For persons who have completed elementary, junior high, or high school as the highest level of education, determine the highest grade or year completed. Do not assume "junior high" falls in the 7th or 8th grade category. Some junior highs begin with the 6th grade and some end with the 10th grade.

- (31) Enter this code for persons who have not completed at least the 1st grade. They may have no schooling or completed only nursery school or kindergarten.
- (38) Enter only those who have completed the 12th grade or year but DO NOT have a high school diploma or the equivalent.

PRESS "SHIFT-F6" TO EXIT HELP

Survey of Program Dynamics

- (39) High school graduate indicates the person has received a high school diploma or the equivalent such as a GED. Include any persons who have completed less than 12 years of school but who have obtained a diploma.
- (40) Enter this category for those who have attended some college and have not yet received a degree. "College" indicates a school that grants college or university degrees, it does not include vocational, technical, business or trade school certificates or diplomas.

PRESS "SHIFT-F6" TO EXIT HELP

- (41) Vocational, technical, trade or business schools include things such as beauty schools, schools for dental assistants, secretarial schools, nursing schools which do not award college degrees, and electrician certification. Schools such as these may award a diploma, certification or license as their final degree.

If uncertain, ask if the school granted the individual a college degree. If the program lasted 2 years or more and the degree awarded was an Associate, Bachelor's, Master's, or Doctorate, do not check code 41.

- (42) Associate's degrees are generally granted from 2-year institutions. If the major field of study followed an occupational or vocational track preparing one for a specific technical job or career upon completion of the program, mark this category.

PRESS "SHIFT-F6" TO EXIT HELP

- (43) An academic program of an Associate's degree includes fields in the humanities/liberal arts, social sciences, and general sciences and is often used as preparation for a 4-year (Bachelor's) degree.
- (44) Mark this entry if the degree completed is a Bachelor's degree (generally granted by four-year institutions). This includes Bachelor's of Arts and Bachelor's of Science.
- (45) Mark this if a Master's degree was granted from a university or college program. These include Master of Science, Arts, Social Work, Business Administration.
- (46) A professional degree is granted from a graduate or professional school, post-baccalaureate. This includes medical (MD), law (JD), dental (DDS), theological, or veterinarian (DVM) degrees.

PRESS "SHIFT-F6" TO EXIT HELP

Survey of Program Dynamics

(47) Mark this entry for persons who have completed a Doctor of Philosophy (PhD), Doctor of Education (EdD), or other doctoral degree.

PRESS "ENTER" TO EXIT HELP _____

H_RACE

Enter the race as reported by the respondent. If the person reports a race not listed, select "other race" and enter the reported race in the next screen provided.

If more than one race is reported, or the respondent is uncertain, ask "Which race does ... most closely identify with?" and record the race reported. If the respondent is unable to provide a single response, ask the race of the person's mother (if not already reported) and record the race of the person's mother. If the respondent is unable to report a single race for the mother, record the first race originally mentioned for the same person.

PRESS "ENTER" TO EXIT HELP _____

H_ORIGIN

Enter the origin as reported by the respondent. If the person reports more than one origin, ask him/her to select only one choice. If the person has difficulty selecting only one, determine the origin of the person's mother, and enter that code in the space provided.

PRESS "ENTER" TO EXIT HELP _____

H_SSN

WHY DOES THE CENSUS BUREAU WANT TO KNOW MY SOCIAL SECURITY NUMBER?

"The Survey of Income and Program Participation collects social security numbers so we can obtain information that was provided to other government agencies. This helps us avoid asking questions for which information is already available and helps ensure the accuracy and completeness of the survey results. We protect administrative records information that we obtain from these agencies from unauthorized use just as the survey responses are protected. Providing your social security number is voluntary."

PRESS "ENTER" TO EXIT HELP _____

H_SPOUSE2

If the person reports more than one spouse, or reports a spouse of the same sex, this screen will appear.
Resolve the inconsistency.

PRESS "ENTER" TO EXIT HELP _____

H_DAD1

This screen appears when a person reports having 2 fathers.

PRESS "ENTER" TO EXIT HELP _____

H_MOM1

This screen appears when a person reports having 2 mothers.

PRESS "ENTER" TO EXIT HELP _____

H_RPDAD

- o A natural child is the biological child of both the reference person and his/her spouse.
- o An adopted child must have been legally adopted and not be a child of the reference person's spouse.
- o A stepchild is the biological child of the spouse of the reference person.
- o Foster children are placed in a household by a government agency or a representative of a government agency.
- o If the person's child is both step and adopted, answer adopted.

PRESS "ENTER" TO EXIT HELP _____

H_EVRDIV

If the person has been married but the marriage was annulled, consider the marriage as having never occurred.

PRESS "ENTER" TO EXIT HELP _____

H_SPSSX1

This question appears if the sex entry for the person's spouse appears to be incorrect.

PRESS "ENTER" TO EXIT HELP _____

H_LNMOM

If the person's mother is not a member of this household, enter "N" in the space provided. Otherwise, enter the line number of the person's mother in the space provided.

PRESS "ENTER" TO EXIT HELP _____

H_LNDAD

If the person's father is not a member of this household, enter "N" in the space provided. Otherwise, enter the line number of the person's father in the space provided.

PRESS "ENTER" TO EXIT HELP _____

H_LNGD

A guardian has legal custody and/or responsibility for a minor child under the age of 18.

PRESS "ENTER" TO EXIT HELP _____

H_CBSSN

The CAPI instrument will allow you to enter the person's SSN after the interview is completed. You will need to schedule an appointment to call the respondent and collect this information.

PRESS "ENTER" TO EXIT HELP _____

H_CHANGE

EDUCATION CODES

- | | |
|--|--------------------------------------|
| (31) Less than 1st grade | (44) Bachelors degree |
| (32) 1st,2nd,3rd or 4th grade | (For example: BA, AB, BS) |
| (33) 5th or 6th grade | (45) Master's degree (For example: |
| (34) 7th or 8th grade | MA, MS, MEng, MEd, MSW, MBA) |
| (35) 9th grade | (46) Professional School Degree (For |
| (36) 10th grade | example: MD,DDS,DVM,LLB,JD) |
| (37) 11th grade | (47) Doctorate degree |
| (38) 12th grade, no diploma | (For example: PhD, EdD) |
| (39) HIGH SCHOOL GRADUATE - high school DIPLOMA | |
| or equivalent (For example: GED) | |
| (40) Some college but no degree | |
| (41) Diploma or certificate from a vocational, technical, | |
| trade or business school beyond the High School level | |
| (42) Associate degree in college - Occupational/vocational program | |
| (43) Associate degree in college - Academic program | |

PRESS "SHIFT-F6" TO EXIT HELP

ORIGIN CODES

- | | | |
|---------------------|-------------------------|-------------------------------|
| (1) Canadian | (20) Mexican | (30) African-American or |
| (2) Dutch | (21) Mexican-American | Afro-American |
| (3) English | (22) Chicano | (31) American Indian, |
| (4) French | (23) Puerto Rican | Eskimo or Aleut |
| (5) French-Canadian | (24) Cuban | (32) Arab |
| (6) German | (25) Central American | (33) Asian |
| (7) Hungarian | (26) South American | (34) Pacific Islander |
| (8) Irish | (27) Dominican Republic | (35) West Indian |
| (9) Italian | (28) Other Hispanic | |
| (10) Polish | | (39) Another group not listed |
| (11) Russian | | |
| (12) Scandinavian | | (40) American |
| (13) Scotch-Irish | | |
| (14) Scottish | | |
| (15) Slovak | | |
| (16) Welsh | | |
| (17) Other European | | |

PRESS "ENTER" TO EXIT HELP _____

***SURVEY OF PROGRAM DYNAMICS
ADULT QUESTIONNAIRE***

EMPLOYMENT AND EARNINGS

9A START SECTION: EMPLOYMENT & EARNINGS

The next few questions are about (name's/your) work-related activities LAST YEAR, that is, from January to December 1997.

Did (name/you) work at a job or business AT ANY TIME during 1997?

- (1) Yes
 - (2) No
 - (3) Retired
 - (H) Help
-

10 Did (name/you) do any temporary, part-time, or seasonal work, even for a few days, in 1997?

- (1) Yes
 - (2) No
 - (3) Retired
-

11 Did (name/you) spend any time on layoff from a job in 1997?

- (1) Yes
 - (2) No
-

12 When (name/you) (was/were) laid off, did (his/her/your) employer give (him/her/you) a date to return to work?

- (1) Yes
 - (2) No
-

13 (Was/were) (name/you) given any indication that (he/she/you) would be recalled to work within 6 months of being laid off?

- (1) Yes
- (2) No

Survey of Program Dynamics

14 In which month and year (were/was) (you/name) laid off?

Month: __ Year: __

14VER Year of layoff reported was (fill year), is that correct?

(1) Yes

(2) No, return to previous question to correct

15 **FLASHCARD 1997 CALENDAR**

Which weeks (were you/was name) on layoff in 1997?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK)
TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO
MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__01	__08	__15	__22	__29	__36	__43	__50
__02	__09	__16	__23	__30	__37	__44	__51
__03	__10	__17	__24	__31	__38	__45	__52
__04	__11	__18	__25	__32	__39	__46	
__05	__12	__19	__26	__33	__40	__47	
__06	__13	__20	__27	__34	__41	__48	
__07	__14	__21	__28	__35	__42	__49	

16 Did (name/you) spend any time looking for work in 1997?

(1) Yes

(2) No

(H) Help

17 **FLASHCARD 1997 CALENDAR**

Which weeks (were you/was name) looking for work in 1997?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK)
TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO
MORE

FROM	TO	FROM	TO	FROM	TO	FROM	TO
FROM	TO	FROM	TO	FROM	TO	FROM	TO
___01	___08	___15	___22	___29	___36	___43	___50
___02	___09	___16	___23	___30	___37	___44	___51
___03	___10	___17	___24	___31	___38	___45	___52
___04	___11	___18	___25	___32	___39	___46	
___05	___12	___19	___26	___33	___40	___47	
___06	___13	___20	___27	___34	___41	___48	
___07	___14	___21	___28	___35	___42	___49	

18 **FLASHCARD G**

What was the MAIN reason (name/you) did not work in 1997?

- (1) Retired
- (2) Taking care of home or family
- (3) Going to school
- (4) Ill or disabled
- (5) Could not find work/No work available
- (6) Did not want to work
- (7) On layoff
- (8) Never worked
- (9) Other (specify)

Specify: _____

19 **FLASHCARD 1997 CALENDAR**

During 1997, which weeks did (name/you) do any work at all, even for only a few hours?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM	TO	FROM	TO	FROM	TO	FROM	TO
FROM	TO	FROM	TO	FROM	TO	FROM	TO
___01	___08	___15	___22	___29	___36	___43	___50
___02	___09	___16	___23	___30	___37	___44	___51
___03	___10	___17	___24	___31	___38	___45	___52
___04	___11	___18	___25	___32	___39	___46	
___05	___12	___19	___26	___33	___40	___47	
___06	___13	___20	___27	___34	___41	___48	
___07	___14	___21	___28	___35	___42	___49	

20 Besides the **(weeks worked)** weeks during which (you/name) worked, were there any additional weeks during which (you/he/she) took paid vacation or paid sick leave in 1997?

(1) Yes

(2) No

(H) Help

21 **FLASHCARD 1997 CALENDAR**

Which weeks did (you/name) take paid vacation or paid sick leave.

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM	TO	FROM	TO	FROM	TO	FROM	TO
FROM	TO	FROM	TO	FROM	TO	FROM	TO
___01	___08	___15	___22	___29	___36	___43	___50
___02	___09	___16	___23	___30	___37	___44	___51
___03	___10	___17	___24	___31	___38	___45	___52
___04	___11	___18	___25	___32	___39	___46	
___05	___12	___19	___26	___33	___40	___47	
___06	___13	___20	___27	___34	___41	___48	
___07	___14	___21	___28	___35	___42	___49	

22 Did (you/he/she) spend any time on layoff from a job in 1997?

- (1) Yes
(2) No

23 When (name/you) (was/were) laid off, did (his/her/your) employer give (him/her/you) a date to return to work?

- (1) Yes
(2) No

24 (Was/Were) (he/she/you) given any indication that (he/she/you) would be recalled to work within 6 months of being laid off?

- (1) Yes
(2) No

25 **FLASHCARD 1997 CALENDAR**

Which weeks (were you/was name) on layoff?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM	TO	FROM	TO	FROM	TO	FROM	TO
FROM	TO	FROM	TO	FROM	TO	FROM	TO
__01	__08	__15	__22	__29	__36	__43	__50
__02	__09	__16	__23	__30	__37	__44	__51
__03	__10	__17	__24	__31	__38	__45	__52
__04	__11	__18	__25	__32	__39	__46	
__05	__12	__19	__26	__33	__40	__47	
__06	__13	__20	__27	__34	__41	__48	
__07	__14	__21	__28	__35	__42	__49	

26 Did (you/he/she) spend any time looking for work in 1997?

- (1) Yes
(2) No

27 **FLASHCARD 1997 CALENDAR**

Which weeks did (you/name) look for work?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM	TO	FROM	TO	FROM	TO	FROM	TO
FROM	TO	FROM	TO	FROM	TO	FROM	TO
__01	__08	__15	__22	__29	__36	__43	__50
__02	__09	__16	__23	__30	__37	__44	__51
__03	__10	__17	__24	__31	__38	__45	__52
__04	__11	__18	__25	__32	__39	__46	
__05	__12	__19	__26	__33	__40	__47	
__06	__13	__20	__27	__34	__41	__48	
__07	__14	__21	__28	__35	__42	__49	

Survey of Program Dynamics

28 What was the MAIN reason (name/you) worked fewer than 52 weeks during 1997?

- (1) On layoff
- (2) Ill or disabled
- (3) Taking care of home or family
- (4) Going to school
- (5) Retired
- (6) No work available/Could not find work
- (7) Child care problems
- (8) Vacation
- (9) Didn't want to work
- (10) Other

29 How many employers did (name/you) work for in 1997?

29A What is the name of the employer or company for which (you/name) worked (/the most weeks/the second most weeks/the third most weeks/the fourth most weeks) in 1997?

IF SELF EMPLOYED WITH NO COMPANY NAME, ENTER "S"

1 _____

2 _____

3 _____

4 _____

E_ REVIEW

USE THIS SCREEN TO DELETE
EMPLOYERS AS NECESSARY.

SHOULD ANY EMPLOYERS BE DELETED?

- (1) Yes
- (2) No

LN EMPLOYERS

LIST EMPLOYERS

Survey of Program Dynamics

<p>E_REVIEW2</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.</p> <p>RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN EMPLOYERS</p> <p>-----</p> <p>LIST EMPLOYERS</p>
--	---

30 (Think about the weeks that (you/name) worked last year.) (Counting all jobs,) How many hours did (name/you) USUALLY work per week in 1997?

ENTER NUMBER OF USUAL HOURS WORKED OR "V" IF HOURS VARY.

(H) Help

(V) Hours vary

____ hours

31 Did (you/he/she) usually work 35 hours or more per week?

(1) Yes

(2) No

32 **FLASHCARD 1997 CALENDAR**

Which weeks did (you/name) work (for employer's name/for yourself/himself/herself)/at this job) in 1997?

ENTER THE WEEK NUMBERS FROM FLASHCARD. ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "0" to ERASE, "N" for NO MORE

FROM	TO	FROM	TO	FROM	TO	FROM	TO
FROM	TO	FROM	TO	FROM	TO	FROM	TO
__01	__08	__15	__22	__29	__36	__43	__50
__02	__09	__16	__23	__30	__37	__44	__51
__03	__10	__17	__24	__31	__38	__45	__52
__04	__11	__18	__25	__32	__39	__46	
__05	__12	__19	__26	__33	__40	__47	
__06	__13	__20	__27	__34	__41	__48	
__07	__14	__21	__28	__35	__42	__49	

-
- 33 (Think about the weeks that (name/you) worked (for (employer's name)/for (yourself/himself/herself)/at this job) in 1997.) How many hours a week did (name/you) USUALLY work (for (employer's name)/for (yourself/himself/herself)/at this job)?

ENTER NUMBER OF USUAL HOURS WORKED OR "V" IF HOURS VARY

(V) Hours vary

__ hours

-
34. Did (you/he/she) usually work 35 hours or more per week at this job?

(1) Yes

(2) No

Survey of Program Dynamics

35 (At this job,) (Was/Were) (name/you) (employed by government, by a private company, a non-profit organization, or (was/were) (name/you)) self employed, or working in a family business or farm?

- (1) Government
- (2) Private for profit company
- (3) Non-profit organization
(inc. tax exempt and charitable)
- (4) Self employed
- (5) Working in family business or farm

36 Was that federal, state, or local government?

- (1) Federal
- (2) State
- (3) Local (county, city, township)

37A (Was/Were) (name/you) paid for (your/his/her) work in the family business or farm?

- (1) Yes
- (2) No

37B Was this business incorporated?

- (1) Yes
- (2) No

38 In what month and year did (name/you) start working (for (employer's name)/ for (yourself/himself/herself)/in the family business or farm/at this job)?

MONTH: ____ YEAR: ____

Survey of Program Dynamics

39 What is the MAIN reason (you/name) left this job?

- (1) Personal, family (including pregnancy)
- (2) Return to school
- (3) Health, disability
- (4) Retirement
- (5) Temporary, seasonal, or intermittent job completed
- (6) Slack work, business conditions, or laid off
- (7) Unsatisfactory work arrangements (hours, pay, location, etc.)
- (8) Fired from job
- (9) Left this job for another job
- (10) Other (specify)

—

Specify: _____

40 After leaving this job, did (you/name) apply for unemployment benefits?

- (1) Yes
- (2) No

44 What kind of business or industry was this?

READ IF NECESSARY: What did they make or do where (you/name) worked?

(H) Help

43A What was the address?

Street Address: _____

City: _____

State: _____ **(H)** Help

Zip: _____ - _____

45 What kind of work (was/were) (name/you) doing, that is, what was (your/his/her) occupation, as of (fill with the last month worked at this job in 32) 1997?

(H) Help

Survey of Program Dynamics

46 What (were/was) (name's/your) most important activities or duties (on/at) this job?

(H) Help

47 **FLASHCARD H**

(At this job/ Counting all locations where (this employer) operates,) what is the total number of persons who work (for (employer's name) / with (name/you))?

- (1) Under 10
- (2) 10-24
- (3) 25-49
- (4) 50-99
- (5) 100-499
- (6) 500-999
- (7) 1000 or more

49. The next few questions are about (name's/your) earnings last year.

Since accuracy is important to this survey, it would be very helpful if you could refer to any income records you might have for the next series of questions. I would be happy to wait while you get them. Do you need a moment?

- (1) Records used
- (2) Records not used

50. (The next few questions are about (name's/your) earnings last year.)

During 1997, how much did (you/name) earn from (fill employer's name/ this job) BEFORE taxes and other deductions?

ENTER DOLLAR AMOUNT _____ .00

READ IF NECESSARY: Is that weekly, every two weeks, twice monthly, monthly, quarterly, or annually?

- | | |
|---------------------|---------------|
| (1) Weekly | (4) Monthly |
| (2) Every two weeks | (5) Quarterly |
| (3) Twice monthly | (6) Annually |

Survey of Program Dynamics

51 (The next few questions are about (name's/your) earnings last year.)

During 1997, what (was/were) (name's/your) total earnings from this business/farm AFTER expenses?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

(H) Help

\$ _____.00

52 Is that before or after taxes?

(1) Before

(2) After

53 How much (was/were) (name's/your) total earnings from this business/farm BEFORE taxes?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

\$ _____.00

54 During 1997, how many (fill with periodicity in 50B) pay periods did (name/you) earn (amount in 50A) from (fill employer's name)?

NUMBER OF PAY PERIODS: ____

55 According to my calculations, (you/name) earned (total) dollars altogether BEFORE taxes from (fill employer's name/(your/his/her) business/(your/name's) working in the family business or farm) in 1997. Does that sound right?

(1) Yes

(2) No

56 What is (name's/your) best estimate of (your/his/her) total earnings BEFORE taxes from (fill employer's name/(your/his/her) business/(your/name's) working in the family business or farm) during 1997?

ENTER TOTAL EARNINGS ("0" IF BROKE EVEN OR NEGATIVE DOLLARS IF LOSS)

\$ _____.00

Survey of Program Dynamics

57 Does this amount include all tips, bonuses, overtime pay, or commissions (name/you) received from (fill employer's name/(your/his/her) business/(your/name's) working in the family business or farm) in 1997?

- (1) Yes
(2) No

58 How much extra did (name/you) earn from tips, bonuses, overtime pay or commissions from (fill employer's name/(your/his/her) business/(your/name's) working in the family business or farm) in 1997?

\$ _____ .00

59 The next few questions are about fringe benefits.

During 1997, did this employer offer a pension or other type of retirement plan to ANY of its employees?

- (1) Yes
(2) No

60 During 1997, did (name/you) participate in that plan?

- (1) Yes
(2) No

61 During 1997, (were/was) (you/name) eligible for health insurance coverage through this employer?

- (1) Yes
(2) No

62 During 1997, did (name/you) participate in that plan?

- (1) Yes
(2) No

E63 Next, I need to know about (your/name's) CURRENT (employment status/work related activities).

Did (you/name) do any work at all LAST WEEK, including work for pay or any other type of compensation?

- (1) Yes
(2) No
(H) Help

Survey of Program Dynamics

E64 LAST WEEK, did (you/name) have a job either full or part-time? Include any job from which (you/he/she) (were/was) temporarily absent.

- (1) Yes
- (2) No
- (3) Retired

(H) Help

E65 LAST WEEK, (were/was) (you/name) on layoff from a job?

- (1) Yes
- (2) No
- (3) Retired

E66 Has (name's/your) employer given (him/her/you) a date to return to work?

- (1) Yes
- (2) No

E67 (Have/Has) (you/name) been told that (you/he/she) will be recalled to work within the next 6 months?

- (1) Yes
- (2) No

SKIP_EE

Do you want to skip (name) at this time?

- (1) Yes, continue
- (2) No, back to previous item

—

INCOME SOURCES

INC_SCR FLASHCARD I

Which category represents the total combined income of all members of the household during 1997? This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and any other money received by members of this household who are 15 years of age or older.

- (1) Less than \$10,000
- (2) \$10,000 to 14,999
- (3) \$15,000 to 19,999
- (4) \$20,000 to \$29,999
- (5) \$30,000 to \$39,999
- (6) \$40,000 to \$49,999
- (7) \$50,000 or more

START SECTION: TYPES OF INCOME

200 The next few questions are about income other than earnings that (you/your household) may have received.

Did (you/anyone in this household) receive any unemployment compensation payments at any time during 1997?

- (1) Yes
- (2) No

201 Who received these payments?

(INCOME TYPE: Unemployment compensation)

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

Survey of Program Dynamics

-
- 202 What type of unemployment compensation payments did (name/you) receive? Was it State unemployment compensation, supplemental unemployment benefits, or something else such as strike pay or union benefits?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY

- (1) State unemployment compensation
- (2) Supplemental unemployment benefits
- (3) Other (such as strike pay, union benefits, Trade Adjustment Act benefits)

-
- 203 During 1997 did (you/anyone in this household) receive any Workers' Compensation payments or other payments as a result of a job-related injury or illness?

- (1) Yes
- (2) No

-
- 204 Who received these payments?

(INCOME TYPE: Worker's compensation payments)

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

-
- 205 What was the source of (your/name's) payments? Was it State Worker's Compensation, (name's/your) employer or (his/her/your) employer's insurance, (name's/your) own insurance, or some other source?

- (1) State Worker's Compensation
- (2) Employer or employer's insurance
- (3) Own insurance
- (4) Other
- (H) Help

-
- 206 During 1997 did (you/anyone in this household) receive any Social Security payments?

- (1) Yes
- (2) No

Survey of Program Dynamics

<p>207 Who received these payments?</p> <p>(INCOME TYPE: Social Security)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: right;">LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF ALL PERSONS</p>
<p>208 During 1997, did (you/anyone in this household) receive any separate Social Security payments on behalf of (child's name/the children)?</p> <p>(1) Yes</p> <p>(2) No</p>	
<p>209 Who received these payments on behalf of (child's name/the children)?</p> <p>(INCOME TYPE: Social Security payments for children)</p> <p>LINE NUMBER OF PERSON WHO RECEIVES PAYMENT: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>210 Which children were covered by these payments?</p> <p>(INCOME TYPE: Social Security payments for children)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p style="text-align: right;">LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF CHILDREN UNDER AGE 23</p>
<p>211 In addition to the payments received on behalf of (child's name/the children), did (name/you) also receive separate Social Security payments for (himself/herself/yourself)?</p> <p>(1) Yes</p> <p>(2) No</p>	

Survey of Program Dynamics

CK212 **FLASHCARD J.**

This is a list of benefits or income sources people sometimes receive. Please tell me if anyone in this household received benefits during 1997 from any of these sources.

- (1) Yes
(2) No

212 Supplemental Security Income, also called SSI, is a federal program to provide money to low-income elderly and low-income disabled persons. During 1997, did (anyone in this household/you) receive SSI?

- (1) Yes
(2) No

213 Who received these payments?

(INCOME TYPE: Supplemental Security Income)

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: _____

LN	NAME	AGE

SHOW HOUSEHOLD ROSTER OF ALL PERSONS		

214 During 1997, did (you/anyone in this household) receive any (separate/) SSI payments on behalf of (child's name/the children)?

- (1) Yes
(2) No

215 Who received SSI payments on behalf of
(child's name/the children)?

LINE NUMBER OF PERSON
WHO RECEIVES PAYMENT: _____

LN	NAME	AGE

SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER		

Survey of Program Dynamics

<p>216 Which children were covered by these payments?</p> <p>(INCOME TYPE: Supplemental Security Income for children)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF CHILDREN UNDER AGE 23</p>
<p>217 In addition to the payments received on behalf of (child's name/the children), did (name/you) also receive separate Supplemental Security Income payments for (himself/herself/yourself)?</p> <p>(1) Yes (2) No</p>	
<p>218 Did (you/anyone in this household) get food stamps at any time during 1997?</p> <p>(1) Yes (2) No</p>	
<p>219 Who received food stamps during 1997?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF ALL PERSONS</p>
<p>219A Which people now living here were covered by food stamps during 1997?</p> <p>(PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF ALL PERSONS</p>

Survey of Program Dynamics

pre220

At any time during 1997, even for only one month, did (you/anyone in you household) receive any government payments because (your/their) income was low, such as public assistance or welfare or anything else?

- (1) Yes
- (2) No

220 Which of the following did (you/anyone in this household) receive:

Welfare or public assistance payments
sometimes called AFDC, ADC, or

(state fill)

(1) Yes

(2) No ____

WIC

(1) Yes

(2) No ____

General Assistance

(1) Yes

(2) No ____

Other welfare

(1) Yes

(2) No ____

Specify: _____

221A Who received Welfare or public assistance payments sometimes called AFDC, ADC, or (New state program names or acronyms)?

(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

221A1 Which people now living here were covered by public assistance or welfare sometimes called AFDC, ADC, or (New state program names or acronyms)?

PROBE: Anyone else?

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "A" FOR ALL HH MEMBERS OR
"N" FOR NO MORE. RE-ENTER THE
NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**LIST ALL HOUSEHOLD
MEMBERS REGARDLESS OF
AGE**

Survey of Program Dynamics

<p>221B Which adults received WIC (either for themselves or on behalf of the children)? (PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>221C Which children, if any, were covered by WIC?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>ENTER "N" IF NO CHILDREN COVERED OR NO MORE CHILDREN COVERED</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>221E Who received General Assistance? (PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>221E2 Which of the people now living here, were covered by general assistance during 1997? (PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE</p>

Survey of Program Dynamics

<p>221F Who received other welfare? (PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>221F2 Which of the people now living here were covered by other welfare during 1997?</p> <p>PROBE: Anyone else?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE</p>
<p>222 Any time during 1997, did (you/anyone in this household) receive any of the following types of GOVERNMENT assistance because (your/their) income was low:</p> <div style="text-align: right; margin-right: 50px;"> <p>(1) Yes</p> <p>(2) No</p> </div> <p>Transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car _____</p> <p>Any child care services or assistance so (you/they) could go to work or school or training _____</p> <p>Any other assistance from the government, including any one-time cash assistance to prevent going on welfare? _____</p> <p>Specify: _____</p>	
<p>222D Who received transportation assistance, such as gas vouchers, bus passes, or help registering or insuring a car?</p> <p>(PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>

Survey of Program Dynamics

<p>222E Who received child care services or assistance in 1997 so they could go to work or school or training?</p> <p>(PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>222F Who received other government assistance, including any one-time cash assistance to prevent them from going on welfare in 1997?</p> <p>(PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>222F2 Which of the people now living here were covered by other government assistance during 1997?</p> <p>(PROBE: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "A" FOR ALL HH MEMBERS OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>LIST ALL HOUSEHOLD MEMBERS REGARDLESS OF AGE</p>

Survey of Program Dynamics

222G Did (you/name) receive this government assistance in the form of cash?

- (1) Yes
(2) No

222H What was the amount of this assistance?

\$_____.00

223 During 1997, did (child's name/any of the children) receive free or reduced-price meals at school through the Federal School Lunch or Breakfast Programs?

- (1) Yes
(2) No

225 Which children received free or reduced-price lunches or breakfasts?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF CHILDREN 5 TO 18 YEARS
OLD**

228 The government has an energy assistance program that helps pay heating costs. During the past 12 months, has this household received any energy assistance of this type?

FR NOTE: This assistance can be received directly by the household or paid directly to the electric company, gas company or fuel dealer.

- (1) Yes
(2) No
(H) Help

Survey of Program Dynamics

228A At any time during 1997 did (you/anyone in this household) receive Foster Child Care payments?

- (1) Yes
- (2) No

228B Who received Foster Child Care payments?
(PROBE: Anyone else?)

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

229 At any time during 1997 did (you/anyone in this household) receive any Veteran's (VA) payments?

- (1) Yes
- (2) No
- (H) Help

230 Who received these payments?

(INCOME TYPE: Veterans' Payments)

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

231 What type of Veterans' payments did (name/you) receive?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- (1) Service-connected disability
- (2) Survivor benefits
- (3) Veterans' pension
- (4) Educational assistance
- (5) Other Veterans' payments

Survey of Program Dynamics

232 (Is/Are) (name/you) required to fill out an annual income questionnaire for the Department of Veterans' Affairs?

- (1) Yes
- (2) No
- (H) Help

233 **FLASHCARD K.**

This is a list of survivor's benefits. (Other than Social Security/Other than VA benefits/Other than Social Security and VA benefits), did (you/anyone in this household) receive any income in 1997 as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits?

- (1) Yes
- (2) No

234 Who received this income? (INCOME TYPE: Survivor's Benefits) ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER
--	--

235 What was the source of this income for (you/name)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- (1) Company or union survivor pension
- (2) Federal Government pension
- (3) U.S. Military retirement survivor pension
- (4) State or Local government survivor pension
- (5) U.S. railroad retirement survivor pension
- (6) Worker's compensation survivor pension
- (7) Black Lung survivor pension
- (8) Regular payments from estates or trusts
- (9) Regular payments from annuities or paid-up insurance policies
- (10) Other

Survey of Program Dynamics

236A (Do you/Does anyone in this household) have a physical, mental, or other health condition that prevents (you/him or her) from working?

- (1) Yes
(2) No
(H) Help

236B Who is that?

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

236B2 Is it likely that (name/you) will be able to work at some time in the next 12 months?

- (1) Yes
(2) No

236C (Do you/Does anyone in this household) have a physical, mental or other health condition that limits the kind or amount of work (you/he or she) can do?

- (1) Yes
(2) No

237 Who is that?

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

237B Is it likely that (name/you) will be able to work at some time in the next 12 months?

- (1) Yes
(2) No

238 Did (you/anyone in this household) ever retire for health reasons OR permanently leave a job for health reasons?

- (1) Yes
(2) No

Survey of Program Dynamics

239 Who is that?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.	----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER
LINE NUMBER: ____	

240 FLASHCARD L.

This is a list of disability income. (Other than the sources of income you have already reported,) Did (name/you) receive any (other) income in 1997 as a result of (his/her/your) health condition?

- (1) Yes
- (2) No

241 What was the source of this income for (you/name)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- (1) Company or union disability
- (2) Federal Government (Civil Service) disability
- (3) U.S. Military retirement disability
- (4) State or Local government employee disability
- (5) U.S. Railroad retirement disability
- (6) Accident or disability insurance
- (7) Black Lung miner's disability
- (8) State temporary sickness
- (9) Other (specify) _____

242 FLASHCARD M.

This is a list of retirement income. (Other than Social Security/Other than VA benefits/Other than Social Security or VA benefits) did (you/anyone in this household) receive any pension or retirement income from a previous employer or union, or any other type of retirement income during 1997?

- (1) Yes
- (2) No

Survey of Program Dynamics

243	Who received this income? (INCOME TYPE: Pension or retirement) ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 35 AND OVER
-----	--	--

244 What was the source of this income for (you/name)?

(H) Help

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- __ (1) Company or union pension (inc profit sharing)
- __ (2) Federal Government (Civil Service) retirement
- __ (3) U.S. Military retirement
- __ (4) State or Local government pension
- __ (5) U.S. Railroad Retirement
- __ (6) Regular income from annuities or paid up insurance policies
- __ (7) Regular income from IRA, KEOGH, or 401 (k)
- __ (8) Other sources

Specify: _____

246 At any time during 1997, did (anyone in this household/you) have:

Money in any kind of savings account, interest-earning checking account or money
market fund?

- (1) Yes
- (2) No

247 Any other investment that pays interest such as bonds, treasury notes, or certificates of
deposit?

- (1) Yes
- (2) No

Survey of Program Dynamics

248	Which members of this household had interest-earning accounts?	LN NAME	AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.		SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LINE NUMBER: _____			

CK249 FLASHCARD N.

This is a list of income sources persons sometimes have. Please tell me if anyone in this household received income from any of these sources during 1997.

READ IF NECESSARY: Did anyone own mutual funds or shares of stock, own property that was rented to others, receive rental income from boarders, receive income from estates or trusts, or from royalties?

- (1) Yes
- (2) No

249 At any time during 1997, did (anyone in this household/you) own:

Any mutual fund shares?

- (1) Yes
- (2) No

Any shares of stock in corporations?

- (1) Yes
- (2) No

250	Which members of this household owned mutual funds or shares of stock?	LN NAME	AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.		SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LINE NUMBER: _____			

Survey of Program Dynamics

251 During 1997 did (you/anyone in this household):

Own any properties that were rented to others such as houses, apartments, business properties, or land?

- (1) Yes
- (2) No

Receive rental income from roomers or boarders?

- (1) Yes
- (2) No
- (H) Help

253 Who received rental income?

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

254. During 1997, did (you/anyone in this household) receive any income from royalties?

- (1) Yes
- (2) No
- (H) Help

255 Who received this income?

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

256. (Besides income received as a survivor,) did (you/anyone in this household) receive (any other) income from estates or trusts in 1997?

- (1) Yes
- (2) No

Survey of Program Dynamics

257	Who received this income? ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER
258	During 1997 did (you/anyone in this household) receive any alimony or maintenance payments? (1) Yes (2) No	
259	Who received these payments during 1997? ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER
260	Did (anyone in this household/you) receive any child support payments in 1997 including any money received directly from the other parent or through the welfare or child support agency? (1) Yes (2) No (H) Help	
261	Who received child support payments? ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER OF PARENT OR GUARDIAN WHO RECEIVES PAYMENT: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER
262.	During 1997, did (you/anyone in this household) receive any financial assistance on a regular basis from friends or relatives not living in this household? Do not include loans. (1) Yes (2) No (H) Help	

Survey of Program Dynamics

263	Who received this income?	LN NAME	AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.		SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LINE NUMBER: _____			

264 FLASHCARD O.

This is a list of other sources of income (you/your household) may have received. During 1997, did (you/anyone in this household) receive any of the following types of income:

READ LIST (H) Help

National Guard or Reserve pay	(1) Yes (2) No	___
Casual earnings from a side business or hobby	(1) Yes (2) No	___
Income from a farm	(1) Yes (2) No	___
Lump sum payment (for example, inheritance, insurance settlement, capital gains)	(1) Yes (2) No	___
Income assistance from a charitable group	(1) Yes (2) No	___
Any other sources of income	(1) Yes (2) No	___

266A	Who received National Guard or Reserve pay?	LN NAME	AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.		SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LINE NUMBER: _____			

266B	Who received casual earnings from a side business or hobby?	LN NAME	AGE
ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.		SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER	
LINE NUMBER: _____			

Survey of Program Dynamics

<p>266C Who received income from a farm?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>266D Who received income from a lump sum payment?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>266E Who received income assistance from a charitable group?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>266F Who received other income that has not already been reported?</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: _____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>266G. What was the source of (name's/your) other income?</p> <p>_____</p>	

INDEPENDENT/DEPENDENT COMPARISON

DEP_UNEMP

Last time we recorded that (you/name) received unemployment compensation in 1996. Did (you/he/she) receive unemployment compensation at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive unemployment compensation in 1996

DEP_202

What type of unemployment compensation payments did (name/you) receive? Was it State unemployment compensation, supplemental unemployment benefits, or something else such as strike pay or union benefits?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": _____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- _____ (1) State unemployment compensation
- _____ (2) Supplemental unemployment benefits
- _____ (3) Other (such as strike pay, union benefits, Trade Adjustment Act benefits)

DEP_WC

Last time we recorded that (you/Name) received workers' compensation in 1996. Did (you/he/she) receive workers' compensation at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive workers' compensation in 1996

DEP_205

What was the source of (your/name's) payments? Was it State Worker's Compensation, (name's/your) employer or (his/her/your) employer's insurance, (name's/your) own insurance, or some other source?

- (1) State Worker's Compensation
- (2) Employer or employer's insurance
- (3) Own insurance
- (4) Other

Survey of Program Dynamics

DEP_SS

Last time we recorded that (you/Name) received social security payments in 1996. Did (you/he/she) receive social security at any time during 1997?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive social security payments in 1996
-

DEP_SSI

Last time we recorded that (you/name) received Supplemental Security Income, also called SSI, payments in 1996. Did (you/he/she) receive Supplemental Security Income, or SSI, at any time during 1997?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive SSI in 1996
-

DEP_PAW

Last time we recorded that (you/name) received public assistance payments in 1996. Did (you/he/she) receive public assistance payments at any time during 1997?

- (1) Yes
 - (2) No
 - (3) Information in error, did not receive public assistance payments in 1996
-

DEP_VET

Last time we recorded that (you/name) received veteran's payments in 1996. Did (you/he/she) receive veteran's payments at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive
veteran's payments in 1996

Survey of Program Dynamics

DEP_231

What type of Veterans' payments did (name/you) receive?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Service-connected disability
- ____ (2) Survivor benefits
- ____ (3) Veterans' pension
- ____ (4) Educational assistance
- ____ (5) Other Veterans' payments

DEP_232

(Is/Are) (name/you) required to fill out an annual income questionnaire for the Department of Veterans' Affairs?

- (1) Yes
- (2) No

DEP_SUR

Last time we recorded that (you/name) received survivor payments in 1996. Did (you/name) receive income as a survivor or widow from pensions, estates, trusts, annuities, or any other survivor benefits at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive survivor payments in 1996

Survey of Program Dynamics

DEP_235

What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union survivor pension
- ____ (2) Federal Government pension
- ____ (3) U.S. Military retirement survivor pension
- ____ (4) State or Local government survivor pension
- ____ (5) U.S. railroad retirement survivor pension
- ____ (6) Worker's compensation survivor pension
- ____ (7) Black Lung survivor pension
- ____ (8) Regular payments from estates or trusts
- ____ (9) Regular payments from annuities or paid-up insurance policies
- ____ (10) Other

DEP_DIS

Last time we recorded that (you/name) received disability benefits in 1996.
Did (you/name) receive disability benefits at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive
disability benefits in 1996

DEP_241

What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union disability
- ____ (2) Federal Government (Civil Service) disability
- ____ (3) U.S. Military retirement disability
- ____ (4) State or Local government employee disability
- ____ (5) U.S. Railroad retirement disability
- ____ (6) Accident or disability insurance
- ____ (7) Black Lung miner's disability
- ____ (8) State temporary sickness
- ____ (9) Other (specify)_____

Survey of Program Dynamics

DEP_RET

Last time we recorded that (you/name) received retirement benefits in 1996. Did (you/name) receive retirement benefits at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive retirement benefits in 1996

DEP_244

What was the source of this income for (you/him/her)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
RE-ENTER THE NUMBER TO "UNMARK" AN ENTRY.

- ____ (1) Company or union pension (inc profit sharing)
- ____ (2) Federal Government (Civil Service) retirement
- ____ (3) U.S. Military retirement
- ____ (4) State or Local government pension
- ____ (5) U.S. Railroad Retirement
- ____ (6) Regular payments from annuities or paid up insurance policies
- ____ (7) Regular payments from IRA, KEOGH, or 401 (k)
- ____ (8) Other sources (specify)_____

DEP_ALM

Last time we recorded that (you/name) received alimony in 1996. Did (you/he/she) receive alimony at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive alimony in 1996

DEP_CSP

Last time we recorded that (you/name) received child support payments in 1996. Did (you/he/she) receive child support payments at any time during 1997?

- (1) Yes
- (2) No
- (3) Information in error, did not receive alimony in 1996

AMOUNTS

300 SECTION START: INCOME SOURCES AMOUNTS

I have recorded that, in 1997, (you/name) received (READ LIST).

LIST INCOME SOURCES IDENTIFIED FOR THIS PERSON

Is that correct?

(1) Yes

(2) No

LN TYPE INCOME SOURCE

LIST INCOME SOURCES IDENTIFIED FOR THIS PERSON

301 READ IF NECESSARY: Which should be deleted?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE.
RE-ENTER THE NUMBER TO "UNDELETE" A LINE NUMBER.

LINE NUMBER: ____

LN TYPE INCOME SOURCE

LIST INCOME SOURCES IDENTIFIED FOR THIS PERSON

302 Now I am going to ask you how much (you/name) received from (each of these sources/this source) during 1997.

PRESS ENTER

Survey of Program Dynamics

303 Which is the easiest way for you to report (name's/your) unemployment compensation payments in 1997: weekly, every two weeks, twice monthly, monthly or annually?

- (1) Weekly
 - (2) Every two weeks
 - (3) Twice monthly
 - (4) Monthly
 - (5) Annually
-

304 How much did (you/name) receive (weekly/every two weeks/twice monthly/monthly/annually/) in unemployment compensation payments during 1997?

AMOUNT: \$ _____ .00

- (IF 303 EQ (1), VERIFY DOLLAR AMOUNTS OVER \$1,000.
(2 OR 3), \$2,500.
(4) \$5,000.
(5) \$50,000.)

304_VER

Unemployment compensation
reported as (amount). Is this entry
correct?

- (1) Yes
 - (2) No
- _____

Survey of Program Dynamics

305A Which weeks did (you/name) receive unemployment compensation payments?

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 01	___ 08	___ 15	___ 22	___ 29	___ 36	___ 43	___ 50
___ 02	___ 09	___ 16	___ 23	___ 30	___ 37	___ 44	___ 51
___ 03	___ 10	___ 17	___ 24	___ 31	___ 38	___ 45	___ 52
___ 04	___ 11	___ 18	___ 25	___ 32	___ 39	___ 46	
___ 05	___ 12	___ 19	___ 26	___ 33	___ 40	___ 47	
___ 06	___ 13	___ 20	___ 27	___ 34	___ 41	___ 48	
___ 07	___ 14	___ 21	___ 28	___ 35	___ 42	___ 49	

305B Which months did (you/name) receive unemployment compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN	___ 7 JUL
___ 2 FEB	___ 8 AUG
___ 3 MAR	___ 9 SEP
___ 4 APR	___ 10 OCT
___ 5 MAY	___ 11 NOV
___ 6 JUN	___ 12 DEC

306 According to my calculations (name/you) received (total) dollars in unemployment compensation payments in 1997. Does that sound right?

- (1) Yes
(2) No

Survey of Program Dynamics

-
- 307 What is your best estimate of the total amount (you/name) received in unemployment compensation payments in 1997?

AMOUNT: _____ .00
(VERIFY AMOUNT IF OVER \$50,000)

307_VER

Estimated unemployment
compensation reported as (amount).
Is this entry correct?

- (1) Yes
(2) No

-
- 308 Which is the easiest way for you to report (name's/your) Worker's Compensation payments in 1997: weekly, every two weeks, twice monthly, monthly, or annually?

- (1) Weekly
(2) Every two weeks
(3) Twice monthly
(4) Monthly
(5) Annually

-
- 309 How much did (name/you) receive (fill with periodicity in 308) in Worker's Compensation during 1997?

AMOUNT: \$ _____ .00
(IF 308 EQ (1), VERIFY DOLLAR AMOUNTS OVER \$1,000.
(2 OR 3), \$2,500.
(4) \$5,000.
(5) \$50,000.)

309_VER

Worker's Compensation reported as
(amount). Is this entry correct?

- (1) Yes
(2) No

Survey of Program Dynamics

310A Which weeks did (you/name) receive Worker's Compensation payments?

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 01	___ 08	___ 15	___ 22	___ 29	___ 36	___ 43	___ 50
___ 02	___ 09	___ 16	___ 23	___ 30	___ 37	___ 44	___ 51
___ 03	___ 10	___ 17	___ 24	___ 31	___ 38	___ 45	___ 52
___ 04	___ 11	___ 18	___ 25	___ 32	___ 39	___ 46	
___ 05	___ 12	___ 19	___ 26	___ 33	___ 40	___ 47	
___ 06	___ 13	___ 20	___ 27	___ 34	___ 41	___ 48	
___ 07	___ 14	___ 21	___ 28	___ 35	___ 42	___ 49	

310B Which months did (name/you) receive Worker's Compensation payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN	___ 7 JUL
___ 2 FEB	___ 8 AUG
___ 3 MAR	___ 9 SEP
___ 4 APR	___ 10 OCT
___ 5 MAY	___ 11 NOV
___ 6 JUN	___ 12 DEC

311 According to my calculations (name/you) received (total) dollars in Worker's Compensation payments in 1997. Does that sound right?

- (1) Yes
(2) No

Survey of Program Dynamics

312 What is your best estimate of the total amount (name/you) received in Worker's Compensation payments in 1997?

AMOUNT: \$ _____ .00
VERIFY DOLLAR AMOUNT IF OVER \$50,000

312_VER
Estimated workers compensation reported as (amount). Is this entry correct?

- (1) Yes
(2) No
- _____

314 [Earlier you told me that (name/you) received Social Security payments for (himself/herself/yourself) and that (he/she/you) also received payments on behalf of (your/his/her)(child/children). First, I'd like to know about the Social Security payments (name/you) received for (himself/herself/yourself).] Did (you/name) receive Social Security benefits jointly with (your/his/her) (wife/husband)?

- (1) Yes
(2) No

315 [Earlier you told me that (name/you) received Social Security payments for (himself/herself/yourself) and that (he/she/you) also received payments on behalf of (your/his/her)(child/children). First, I'd like to know about the Social Security payments (name/you) received for (himself/herself/yourself).] Is it easier for you to report (name's/your) (joint) Social Security payments received during 1997, monthly or annually?

- (1) Monthly
(2) Annually

316 How much did (name/you) receive (in joint payments) (each month/) in 1997?

AMOUNT: \$ _____ .00
(IF 315 EQ (1), VERIFY DOLLAR AMOUNT IF OVER \$5,000.
(2), \$50,000.

316_VER
Social Security payments reported as (amount). Is this entry correct?

- (1) Yes
(2) No
- _____

Survey of Program Dynamics

317 Is this amount before or after the Medicare deduction?

- (1) Before
(2) After

318 During which months in 1997 did (name/you) receive Social Security payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE, (H) Help

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

319 According to my calculations (name/you) received (total) dollars in (joint) Social Security payments in 1997. Does that sound right?

- (1) Yes
(2) No

320 What is your best estimate of the total amount (name/you) received in (joint) Social Security payments in 1997?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$50,000)

320_VER

Estimated Social Security reported as
(amount). Is this entry correct?

- (1) Yes
(2) No

Survey of Program Dynamics

322 [Now I'd like to know about the separate Social Security payments (name/you) received on behalf of (your /his/her) (child/children).] Is it easier for you to report [these payments/the separate Social Security payments (name/you) received for (child's name/the children)] during 1997 monthly or annually?

- (1) Monthly
(2) Annually

323 During 1997, how much did (name/you) receive (each month/in total) for (your /his/her) (child/children)?

(IF 322 EQ AMOUNT: \$ _____ .00
(1), VERIFY DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

323_VER

Social Security payments for children reported as (amount). Is this entry correct?

- (1) Yes
(2) No

324 During which months in 1997 did (name/you) receive separate Social Security payments for (your /his/her) (child/children)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

325 According to my calculations (name/you) received (total) dollars for (your/his/her) (child/children) in this household in 1997. Does that sound right?

- (1) Yes
(2) No

Survey of Program Dynamics

326 What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$50,000)

326_VER

Estimated Social Security reported as
(amount). Is this entry correct?

(1) Yes

(2) No

327 [Earlier you told me that (name/you) received Supplemental Security Income for (himself/herself/yourself) and that (he/she/you) also received payments on behalf of (your/his/her) (child/children). First, I'd like to know about the SSI payment (name/you) received for (himself/herself/yourself)]. Is it easier for you to report (name's/your) SSI payments received during 1997 monthly or annually?

(1) Monthly

(2) Annually

328 Including both Federal and State SSI, how much did (name/you) receive (each month/in total) in 1997?

AMOUNT: \$ _____ .00
(IF 327 EQ (1), VERIFY DOLLAR AMOUNT IF OVER \$3,000.
(2), \$30,000.)

328_VER

Estimated SSI payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

329 During which months in 1997 did (name/you) receive Supplemental Security Income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN

____ 2 FEB

____ 3 MAR

____ 4 APR

____ 5 MAY

____ 6 JUN

____ 7 JUL

____ 8 AUG

____ 9 SEP

____ 10 OCT

____ 11 NOV

____ 12 DEC

329A1-329A6

What set of circumstances led (you/name) to apply for SSI in (month), 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE" ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

____(1) Needed money (PROBE FOR ADDITIONAL RESPONSE)

____(2) Became disabled/blind

____(3) Over 65

____(4) Needed medical benefit

____(5) Other, specify _____

329B1-329B6

Why did (you/name) stop receiving SSI in (fill month) 1997?

(1) SSI benefits cut off

(2) Because of family changes

(3) Still eligible but chose not to collect

(4) Other, specify

Specify: _____

Survey of Program Dynamics

329C1-329C6

What reasons were given for (your/name's) SSI benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Not eligible -- income or other resources too high to qualify
- ____ (2) Not eligible -- no longer disabled
- ____ (3) Not eligible -- Immigration status
- ____ (4) No longer eligible due to program changes
- ____ (5) Not eligible -- no reason specified or some other reason given
- ____ (6) Did not provide all the information requested
- ____ (7) Failed substance abuse requirements (testing or any other related)
- ____ (8) Other reason (Specify) _____

331 According to my calculations (name/you) received (total) dollars from Supplemental Security Income in 1997. Does that sound right?

- (1) Yes
- (2) No

332 What is your best estimate of the total amount (name) received in 1997?

AMOUNT: \$ _____ 00
(VERIFY IF DOLLAR OVER \$30,000)

332_VER

Total SSI payments reported as
(amount) Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

333 [Now I'd like to know about the separate Supplement Security Income payments (name/you) received on behalf of (your/his/her) (child/children).] Is it easier for you to report [these payments/the Supplemental Security Income payments (name/you) received on behalf of (your/his/her) (child/children)] during 1997 monthly or annually?

- (1) Monthly
(2) Annually

334 How much did (name/you) receive (monthly/) in Supplemental Security Income for (your/his/her) (child/children) in 1997?

AMOUNT: \$ _____ .00

(IF 333 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$3,000.
(2), \$30,000.)

334_VER

SSI payments for children reported as
(amount). Is this entry correct?

- (1) Yes
(2) No

335 During which months of 1997 did (name/you) receive Supplemental Security Income payments for (your/his/her) (child/children)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

335A1-335A6

What set of circumstances led (you/name) to apply for SSI for (your/his/her) (child/children) in (month) 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ____ (2) Child became disabled/blind
- ____ (3) Needed medical benefit
- ____ (4) Separated or divorced from spouse/partner
- ____ (5) Loss of other support income
- ____ (6) Just learned about the program
- ____ (7) Just got around to applying
- ____ (8) Other (Specify) _____

335B1-335B6

Why did (your/name's) (child/children) stop receiving SSI in (month), 1997?

- (1) SSI benefits cut off
- (2) Because of family changes
- (3) Still eligible but chose not to collect
- (4) Other, specify

Specify: _____

335C1-335C6

What reasons were given for (your/name) (child/children)'s SSI benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Not eligible -- income or other resources too high to qualify
- ____ (2) Not eligible -- Didn't meet health or disability requirement
- ____ (3) Not eligible -- Immigration status
- ____ (4) No longer eligible due to program changes
- ____ (5) Not eligible -- no reason specified or some other reason given
- ____ (6) Did not provide all the information requested
- ____ (7) Failed substance abuse requirements (testing or any other related)
- ____ (8) Other reason (Specify) _____

Survey of Program Dynamics

337 According to my calculations (name/you) received (total) dollars in Supplemental Security Income for (your/his/her) (child/children) in 1997. Does that sound right?

- (1) Yes
(2) No

338 What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$30,000)

338_VER

Total SSI payments for children reported as (amount). Is this entry correct?

- (1) Yes
(2) No

339 During which months in 1997 did (you/your household) receive food stamps?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

339A1-339A6

What set of circumstances led (you/Name) to apply for food stamps in (month) 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ____ (2) Pregnancy/birth of child
- ____ (3) Began receiving for another dependent
- ____ (4) Separated or divorced from spouse/partner
- ____ (5) Loss of job/wages/other income
- ____ (6) Loss of other support income
- ____ (7) Just learned about the program
- ____ (8) Just got around to applying
- ____ (9) Became disabled
- ____ (10) Other (specify) _____

339B1-339B6

Why did (you/Name) stop receiving food stamps in (month), 1997?

- (1) Food stamps benefit cut off
- (2) Because of family changes
- (3) Still eligible but chose not to collect
- (4) Other, specify

Specify: _____

Survey of Program Dynamics

339C1-339C6

What reasons were given for (your/name's) food stamps benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Not eligible -- income or other resources too high to qualify
- ____ (2) Not eligible _ not eligible due to penalty from previous program participation (sanctioned)
- ____ (3) Not eligible _ Did not meet health or disability requirement
- ____ (4) Not eligible _ Immigration status
- ____ (5) Not eligible _ no reason specified or some other reason given
- ____ (6) Did not provide all the information requested
- ____ (7) Non-cooperation with work requirements
- ____ (8) Non-cooperation with child support requirements
- ____ (9) Not residing in an adult-supervised household
- ____ (10) Failed substance abuse requirements (testing or any other related)
- ____ (11) Had already received maximum assistance (time and \$ limit)
- ____ (12) Lack of program funding
- ____ (13) Other reason (Specify) _____

340 Is it easier for you to report the amount of food stamps (you/your household) received in 1997 monthly or annually?

- (1) Monthly
- (2) Annually

341 Were the monthly payments (you/your household) received in 1997 all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

Survey of Program Dynamics

342 How much did (you/your household) receive (each month/in total) in 1997?

AMOUNT: \$ _____ .00
(IF 340 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$1,000.
(2), \$10,000.)

342_VER

Food stamp payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

343 Now I am going to ask you the different amounts that you received and for how many months you received each amount. During 1997, what was the first amount you received?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$1,000)

READ IF NECESSARY: How many months did you receive that amount?

343_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

345 What was the second amount you received?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$1,000)

READ IF NECESSARY: How many months did you receive that amount?

—

345_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

347 What was the third amount you received?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$1,000)

READ IF NECESSARY: How many months did you receive that amount?

—

347_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

349 According to my calculations (you/your household) received (total) dollars in food stamps in 1997. Does that sound right?

- (1) Yes
(2) No

350 What is your best estimate of the total amount (you/your household) received in food stamps in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF OVER \$10,000)

350_VER

Total food stamp amount reported as
(amount). Is this entry correct?

- (1) Yes
(2) No

352 During which months in 1997 did (you/name) receive welfare or public assistance payments, sometimes called AFDC, ADC, or (state name)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE, (H) Help

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

352A1-352A6

What set of circumstances led (you/name) to apply for public assistance or welfare in (month) 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ____ (2) Pregnancy/birth of child
- ____ (3) Began receiving for another dependent
- ____ (4) Separated or divorced from spouse/partner
- ____ (5) Loss of job/wages/other income
- ____ (6) Loss of other support income
- ____ (7) Just learned about the program
- ____ (8) Just got around to applying
- ____ (9) Became disabled
- ____ (10) Other (Specify) _____

352B1-352B6

Why did (you/name) stop receiving public assistance or welfare in (month), 1997?

- (1) Public assistance or welfare cut off
- (2) Got a job
- (3) Because of family changes
- (4) Still eligible but could/chose not to collect
- (5) Other, specify

Specify: _____

Survey of Program Dynamics

352C1-352C6

What reasons were given for (your/name's) public assistance or welfare benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- __ (1) Not eligible -- income or other resources too high to qualify
- __ (2) Not eligible -- not eligible due to penalty from previous program participation (sanctioned)
- __ (3) Not eligible -- Did not meet health or disability requirement
- __ (4) Not eligible -- Immigration status
- __ (5) Not eligible _ no reason specified or some other reason given
- __ (6) Did not provide all the information requested
- __ (7) Non-cooperation with work requirements
- __ (8) Non-cooperation with child support requirements
- __ (9) Not residing in an adult-supervised household
- __ (10) Failed substance abuse requirements (testing or any other related)
- __ (11) Had already received maximum assistance (time and \$ limit)
- __ (12) Lack of program funding
- __ (13) Other reason (Specify) _____

353. Is it easier for you to report (name's/your) welfare or public assistance payments monthly or annually?

- (1) Monthly
- (2) Annually

354 Were the monthly payments (you/name) received in 1997 all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

Survey of Program Dynamics

355 How much did (you/name) receive (each month/) in welfare or public assistance payments in 1997? Do not include AFDC passthroughs or any AFDC bonuses received.

AMOUNT: \$ _____ .00

IF 353 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$1,000.

IF AMOUNT IN 355 IS OVER \$10,000 VERIFY .

355_VER

Public Assistance (AFDC) monthly payments reported as (amount). Is this entry correct?

(1) Yes

(2) No

—

356 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1997. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00

(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

356_VER

Monthly amount reported as (amount). Is this entry correct?

(1) Yes

(2) No

—

Survey of Program Dynamics

358 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

358_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

—

360 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

360_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

—

Survey of Program Dynamics

363 According to my calculations (you/name) received (total) dollars in welfare or public assistance payments in 1997, excluding AFDC passthroughs or AFDC bonuses. Does that sound right?

(1) Yes

(2) No

364 What is your best estimate of the total amount (you/name) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$10,000)

364_VER

Total Public Assistance (AFDC)
amount reported as (amount). Is this
entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

365 During which months in 1997 did (you/name) receive WIC?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

(H) Help

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

365A1-365A6

What set of circumstances led (you/name) to apply for WIC in (month), 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ____ (2) Pregnancy/birth of child
- ____ (3) Began receiving for another dependent
- ____ (4) Separated or divorced from spouse/partner
- ____ (5) Loss of job/wages/other income
- ____ (6) Loss of other support income
- ____ (7) Just learned about the program
- ____ (8) Just got around to applying
- ____ (9) Became disabled
- ____ (10) Other, specify _____

Survey of Program Dynamics

365B1-365B6

Why did (you/Name) stop receiving WIC in (month), 1997?

- (1) WIC benefits cut off
- (2) Got a job
- (3) Because of family changes
- (4) Still eligible but could/chose not to collect
- (5) Other, specify

Specify: _____

365C1-365C6

What reasons were given for (your/name's) WIC benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ___ (1) Not eligible -- income or other resources too high to qualify
- ___ (2) Not eligible -- not eligible due to penalty from previous
program participation (sanctioned)
- ___ (3) Not eligible -- Did not meet health or disability requirement
- ___ (4) Not eligible -- Immigration status
- ___ (5) Not eligible -- no reason specified or some other reason given
- ___ (6) Did not provide all the information requested
- ___ (7) Non-cooperation with work requirements
- ___ (8) Non-cooperation with child support requirements
- ___ (9) Not residing in an adult-supervised household
- ___ (10) Failed substance abuse requirements (testing or any other related)
- ___ (11) Had already received maximum assistance (time and \$ limit)
- ___ (12) Lack of program funding
- ___ (13) Other reason (Specify) _____

Survey of Program Dynamics

366 During which months in 1997 did (you/name) receive Foster Child Care payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN

____ 2 FEB

____ 3 MAR

____ 4 APR

____ 5 MAY

____ 6 JUN

____ 7 JUL

____ 8 AUG

____ 9 SEP

____ 10 OCT

____ 11 NOV

____ 12 DEC

367. Is it easier for you to report (name's/your) Foster Child Care payments in 1997 monthly or annually?

(1) Monthly

(2) Annually

369. Were the monthly payments (you/name) received in 1997 all the same amount, or did the amount change?

(1) Same amount each month

(2) Amount changed

370. How much did (name/you) receive (each month/) in Foster Child Care payments in 1997?

AMOUNT: \$ _____ .00

(IF 367 EQ (1), VERIFY DOLLAR AMOUNT IF OVER \$1,000.
(2), \$10,000.)

370_ VER

Foster Child Care payments reported
as (amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

- 371 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1997. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

371_VER

First monthly Foster Child Care
amount reported as (amount). Is this
entry correct?

- (1) Yes
(2) No

-
- 373 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

—

373_VER

Second monthly Foster Child Care
amount reported as (amount). Is this
entry correct?

- (1) Yes
(2) No

Survey of Program Dynamics

375 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

375_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

378 According to my calculations (name/you) received (total) dollars in Foster Child Care payments in 1997. Does that sound right?

(1) Yes

(2) No

379 What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT IF OVER \$10,000)

379_VER

Total Foster Child Care amount reported
as (amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

380 During which months in 1997 did (you/name) receive General Assistance payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN

____ 2 FEB

____ 3 MAR

____ 4 APR

____ 5 MAY

____ 6 JUN

____ 7 JUL

____ 8 AUG

____ 9 SEP

____ 10 OCT

____ 11 NOV

____ 12 DEC

381 Is it easier for you to report (name's/your) General Assistance payments in 1997 monthly or annually?

(1) Monthly

(2) Annually

382 Were the monthly payments (you/name) received in 1997 all the same amount, or did the amount change?

(1) Same amount each month

(2) Amount changed

383 How much did (name/you) receive (each month/) in General Assistance payments in 1997?

AMOUNT: \$ _____ .00

(IF 381 EQ (1), VERIFY DOLLAR AMOUNT OVER \$1,000.
(2), \$10,000.)

383_ VER

General Assistance payments reported
as (amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

- 384 Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1997. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

384_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

-
- 386 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

386_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

388 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

388_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

391 According to my calculations (name/you) received (total) dollars in General Assistance payments in 1997. Does that sound right?

(1) Yes

(2) No

392 What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$10,000)

392_VER

Total General Assistance amount
reported as (amount). Is this entry
correct?

(1) Yes

(2) No

Survey of Program Dynamics

393 During which months in 1997 did (you/name) receive other welfare payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN

____ 2 FEB

____ 3 MAR

____ 4 APR

____ 5 MAY

____ 6 JUN

____ 7 JUL

____ 8 AUG

____ 9 SEP

____ 10 OCT

____ 11 NOV

____ 12 DEC

393A1-393A6

What set of circumstances led (you/name) to apply for other welfare payments in (month) 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Needed money (PROBE FOR ADDITIONAL RESPONSE)
- ____ (2) Pregnancy/birth of child
- ____ (3) Began receiving for another dependent
- ____ (4) Separated or divorced from spouse/partner
- ____ (5) Loss of job/wages/other income
- ____ (6) Loss of other support income
- ____ (7) Just learned about the program
- ____ (8) Just got around to applying
- ____ (9) Became disabled
- ____ (10) Other (specify) _____

393B1-393B6

Why did (you/Name) stop receiving other welfare payments in (month), 1997?

- (1) Benefits cut off
- (2) Got a job
- (3) Because of family changes
- (4) Still eligible but could/chose not to collect
- (5) Other, specify

—

Specify: _____

Survey of Program Dynamics

393C1-393C6

What reasons were given for (your/name's) other welfare benefits being cut off?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Not eligible -- income or other resources too high to qualify
- ____ (2) Not eligible _ not eligible due to penalty from previous program participation (sanctioned)
- ____ (3) Not eligible _ Did not meet health or disability requirement
- ____ (4) Not eligible _ Immigration status
- ____ (5) Not eligible _ no reason specified or some other reason given
- ____ (6) Did not provide all the information requested
- ____ (7) Non-cooperation with work requirements
- ____ (8) Non-cooperation with child support requirements
- ____ (9) Not residing in an adult-supervised household
- ____ (10) Failed substance abuse requirements (testing or any other related)
- ____ (11) Had already received maximum assistance (time and \$ limit)
- ____ (12) Lack of program funding
- ____ (13) Other reason (Specify) _____

394 Is it easier for you to report (name's/your) other welfare payments in 1997 monthly or annually?

- (1) Monthly
- (2) Annually

395 Were the monthly payments (you/name) received in 1997 all the same amount, or did the amount change?

- (1) Same amount each month
- (2) Amount changed

Survey of Program Dynamics

396. How much did (name/you) receive (each month/) in other welfare payments in 1997?

AMOUNT: \$ _____ .00
(IF 394 EQ (1), VERIFY DOLLAR AMOUNT OVER \$1,000.
(2), \$10,000.)

396_VER

Other welfare payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

397. Now I am going to ask you the different amounts that (you/name) received and for how many months (you/he/she) received each amount during 1997. What was the first amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

397_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

399 What was the second amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

399_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

401 What was the third amount (you/name) received?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$1,000)

READ IF NECESSARY: How many months did (you/he/she) receive that amount?

401_VER

Monthly amount reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

404 According to my calculations (name/you) received (total) dollars in other welfare payments in 1997. Does that sound right?

- (1) Yes
- (2) No

405 What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$10,000)

405_VER

Total other welfare amount reported
as (amount). Is this entry correct?

- (1) Yes
- (2) No

405A How much has this household received in energy assistance in the past 12 months, that is, since (MONTH) 1997?

(H) Help

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$5,000)

405A_VER

Energy assistance reported as
(amount). Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

406 Is it easier for you to report (name's/your) Veteran's payments monthly or annually?

- (1) Monthly
(2) Annually

407 (Excluding educational assistance,) How much did (name/you) receive (monthly/) in Veteran's payments in 1997?

AMOUNT: \$ _____ .00
IF 406 EQ (1), VERIFY DOLLAR AMOUNT OVER \$2,000.
(2), \$20,000.)

407_VER
Veterans' payments reported as
(amount). Is this entry correct?

- (1) Yes
(2) No

408 During which months in 1997 did (you/name) receive Veterans' payments, (excluding educational assistance)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

409 According to my calculations (name/you) received (total) dollars from Veteran's payments in 1997 (excluding educational assistance). Does that sound right?

- (1) Yes
 - (2) No
-

410 What is your best estimate of the total amount (name/you) received in 1997 (excluding educational assistance)?

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$20,000)

410_VER

Estimated Veterans' payments
reported as (amount). Is this entry
correct?

- (1) Yes
 - (2) No
- _____

(COLLECT INFORMATION IN QUESTIONS 411-421 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 235.)

411 Is it easier for you to report (name's/your) (fill with first source in 235) payments monthly or annually?

- (1) Monthly
- (2) Annually

Survey of Program Dynamics

412 How much did (name/you) receive (monthly/) in 1997?

INCOME SOURCE: (Fill with first source marked in 235)

AMOUNT: \$ _____ .00
(IF 411 EQ (1), VERIFY DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

412_VER

Survivor's Benefits reported as
(amount). Is this entry correct?

(1) Yes

(2) No

413 During which months in 1997 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

415 According to my calculations (name/you) received (total) dollars from (fill with first source in 235) in 1997. Does that sound right?

- (1) Yes
 - (2) No
-

416 What is your best estimate of the total amount (name/you) received in 1997?

INCOME SOURCE: (Fill with first source marked in 235)

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNT OVER \$50,000)

416_VER

Survivor's Benefits reported as
(amount). Is this entry correct?

- (1) Yes
 - (2) No
- _____
-

417 Is it easier for you to report (name's/your) (fill with second source from item 235) payments in 1997 monthly or annually?

- (1) Monthly
- (2) Annually

Survey of Program Dynamics

418 How much did (name/you) receive (monthly/) in 1997?

INCOME SOURCE: (Fill with second source marked in 235)

AMOUNT: \$ _____ .00
(IF 417 EQ (1), VERIFY DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

418_VER

Survivor's Benefits reported as
(amount). Is this entry correct?

(1) Yes

(2) No

419 During which months in 1997 did (name/you) receive these payments?

INCOME SOURCE: (Fill with second source marked in 235)

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

420 According to my calculations (name/you) received (total) dollars from (fill with second source marked in 235). Does that sound right?

(1) Yes

(2) No

Survey of Program Dynamics

421 What is your best estimate of the total amount (name/you) received in 1997?

INCOME SOURCE: (Fill with second source marked in 235)

AMOUNT: \$ _____ .00
(VERIFY DOLLAR AMOUNTS OVER \$50,000)

421_VER

Survivor's Benefits reported as
(amount). Is this entry correct?

(1) Yes

(2) No

(COLLECT INFORMATION IN QUESTIONS 422-432 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 241.)

422 Is it easier for you to report (name's/your) (fill with first source from item 241) payments in 1997 monthly or annually?

(1) Monthly

(2) Annually

Survey of Program Dynamics

423 How much did (name/you) receive (monthly/) in 1997?

INCOME SOURCE: (Fill with first source in 241)

AMOUNT: \$ _____ .00
(IF 422 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

423_VER

Disability Income reported as
(amount). Is this entry correct?

(1) Yes

(2) No

424 During which months in 1997 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

425 According to my calculations (name/you) received (total) dollars from (fill with first source marked in 241) in 1997. Does that sound right?

- (1) Yes
 - (2) No
-

426 What is your best estimate of the total amount (name/you) received in 1997?

(INCOME SOURCE: (Fill with first source in 241)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$50,000)

426_VER

Disability Income reported as
(amount). Is this entry correct?

- (1) Yes
 - (2) No
- _____

427 Is it easier for you to report (name's/your) (fill with second source marked in 241) payments in 1997 monthly or annually?

- (1) Monthly
- (2) Annually

Survey of Program Dynamics

428 How much did (name/you) receive (monthly/) in 1997?

INCOME SOURCE: (Fill with second source in 241)

AMOUNT: \$ _____ .00

IF 427 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$5,000.
(2), \$50,000.)

428_VER

Disability Income reported as
(amount). Is this entry correct?

(1) Yes

(2) No

429. During which months in 1997 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

431 According to my calculations (name/you) received (total) dollars from (fill with second source marked in 241) in 1997. Does that sound right?

- (1) Yes
 - (2) No
-

432 What is your best estimate of the total amount (name/you) received in 1997?

INCOME SOURCE: (Fill with second source in 241)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

432_VER

Disability Income reported as
(amount). Is this entry correct?

- (1) Yes
- (2) No

(COLLECT INFORMATION IN QUESTIONS 433-442 ON FIRST TWO SOURCES OF INCOME ENTERED IN QUESTION 244.)

Use following set of fills for 433-442:

- (1) company of union pension payments**
- (2) Federal government retirement payments**
- (3) U.S. military retirement payments**
- (4) State or local government pension payments**
- (5) U.S. Railroad Retirement payments**
- (6) payments from annuities or paid up insurance policies**
- (7) payments from an IRA, KEOGH, OR 401(k)**
- (8) other pension or retirement payments**

433. Is it easier for you to report (name's/your) (fill with first source marked in 244) in 1997 monthly or annually?

- (1) Monthly
- (2) Annually

434. How much did (name/you) receive (monthly/) in 1997?

INCOME SOURCE: (Fill with first source listed in 244)

AMOUNT: \$ _____ .00

(IF 433 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$5,000.
(2), \$50,000.)

434_VER

Pension or Retirement reported as
(amount). Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

435. During which months in 1997 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

436. According to my calculations (name/you) received (total) dollars from (fill with first source marked in 244) in 1997. Does that sound right?

- (1) Yes
(2) No

437. What is your best estimate of the total amount (name/you) received in 1997?

INCOME SOURCE: (Fill with first source listed in 244)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$50,000)

437_VER

Pension or Retirement reported as
(amount). Is this entry correct?

- (1) Yes
(2) No

438. Is it easier for you to report (name's/your) (fill with second source from item 244) payments in 1997 monthly or annually?

- (1) Monthly
(2) Annually

Survey of Program Dynamics

439. How much did (name/you) receive (monthly/) in 1997?

INCOME SOURCE: (Fill with second source listed in 244)

AMOUNT: \$ _____ .00
(IF 438 EQ (1), VERIFY IF DOLLAR AMOUNT OVER \$5,000.
(2), \$50,000.)

439_VER

Pension or Retirement reported as
(amount). Is this entry correct?

(1) Yes

(2) No

440. During which months in 1997 did (you/name) receive these payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

441. According to my calculations (name/you) received (total) dollars from (fill with second source marked in 244) in 1997. Does that sound right?

(1) Yes

(2) No

Survey of Program Dynamics

442. What is your best estimate of the total amount (name/you) received in 1997?

INCOME SOURCE: (Fill with second source listed in 244)

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$50,000)

442_ VER

Pension or Retirement reported as
(amount). Is this entry correct?

(1) Yes

(2) No

445. Earlier you told me that (name/you) had interest-earning accounts such as a (savings or interest-earnings checking account, money market fund, bonds, treasury notes, certificates of deposit/or other investments that pay interest). Did (name/you) own any of these jointly with (his/her/your) (husband/wife)?

(1) Yes

(2) No

Survey of Program Dynamics

446. What is your best estimate of the AVERAGE AMOUNT that (name/you) and (his/her/your) (husband/wife) had in these jointly-held accounts during 1997?

(H) Help

AMOUNT: \$ _____ .00

VERIFY IF DOLLAR AMOUNT EQUALS \$0.00

VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

446_VER

Average amounts in jointly-held accounts reported as (amount). Is this entry correct?

(1) Yes

(2) No

-
447. How much did (name/you) receive IN INTEREST from these jointly-held accounts during 1997, including even small amounts credited to accounts?

(H) Help

AMOUNT: \$ _____ .00

(VERIFY IF DOLLAR AMOUNT OVER \$10,000)

447_VER

Interest in jointly-held accounts reported as (amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

448. Did (name/you) have any (other) interest-earning accounts in (your/his/her) name only?

(1) Yes

(2) No

449. [Earlier you told me that (name/you) had interest-earning accounts such as a (savings or interest-earning checking account, money market fund, bonds, treasury notes, certificates of deposit/or other investments that pay interest).] What is your best estimate of the AVERAGE AMOUNT that (name/you) had in these accounts during 1997?

AMOUNT: \$ _____ .00

VERIFY IF DOLLAR AMOUNT EQUALS \$0.00

VERIFY IF DOLLAR AMOUNT IS OVER \$100,000

449_VER

Interest earning accounts reported as
(amount). Is this entry correct?

(1) Yes

(2) No

450. How much did (name/you) receive IN INTEREST from these sources during 1997, including even small amounts credited to accounts?

AMOUNT: \$ _____ .00

(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

450_VER

Interest earning accounts reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

454. Earlier you told me that (name/you) owned mutual funds or shares of stock. Did (name/you) own any mutual funds or stocks jointly with (his/her/your) (husband/wife)?

- (1) Yes
- (2) No

455. How much did (name/you) receive IN DIVIDENDS from jointly-held mutual funds or stocks during 1997?

ENTER TOTAL DIVIDENDS ("0" IF NO EARNINGS)

(H) Help

AMOUNT: \$ _____ .00

VERIFY IF DOLLAR AMOUNT EQUALS \$0.00

VERIFY IF DOLLAR AMOUNT IS OVER \$10,000

455_VER

Dividends from jointly-held mutual funds or stocks reported as (amount).
Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

456. What is your best estimate of the AVERAGE AMOUNT that (name/you) and (his/her/your) (husband/wife) had in jointly-held mutual funds or stocks in 1997?

(H) Help

AMOUNT: \$ _____ .00

VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

456_VER

Jointly-held mutual funds and stocks reported as (amount). Is this entry correct?

(1) Yes

(2) No

-
457. Did (name/you) have mutual funds or stocks in (her/his/your) name only?

(1) Yes

(2) No

-
458. (Earlier you told me that (name/you) owned mutual funds or shares of stock.) How much did (name/you) receive IN DIVIDENDS from (these) mutual funds or stocks during 1997?

AMOUNT: \$ _____ .00

VERIFY IF DOLLAR AMOUNT EQUALS \$0.00

VERIFY IF DOLLAR AMOUNT IS OVER \$10,000

458_VER

Dividends from mutual funds or stocks reported as (amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

459. What is your best estimate of the AVERAGE AMOUNT that (name/you) had in (these) mutual funds or stocks in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$100,000)

459_VER

Average amount from mutual funds
or stocks reported as (amount). Is
this entry correct?

- (1) Yes
(2) No

-
463. Earlier you told me that (name/you) owned some rental property. Did (name/you) own any of this rental property jointly with (his/her/your) (husband/wife)?

- (1) Yes
(2) No

-
464. How much did (name/you) receive in rental income **after expenses** from jointly-held rental property during 1997?

ENTER TOTAL INCOME ("0" IF BROKE EVEN, NEGATIVE DOLLARS IF LOSS)
(H) Help

AMOUNT: \$ _____ .00
VERIFY IF DOLLAR AMOUNT EQUALS \$0.00
VERIFY IF DOLLAR AMOUNT IS OVER \$50,000.

464_VER

Rental income reported as (amount).
Is this entry correct?

- (1) Yes
(2) No

Survey of Program Dynamics

465. Did (name/you) own any rental property entirely in (his/her/your) own name in 1997?

(1) Yes

(2) No

466. (Earlier you told me that (name/you) owned some rental property.) How much did (name/you) receive in rental income **after expenses** from this property during 1997?

ENTER TOTAL INCOME ("0" IF BROKE EVEN, NEGATIVE DOLLARS IF LOSS)

AMOUNT: \$ _____ .00

VERIFY IF DOLLAR AMOUNT EQUALS \$0.00

VERIFY IF DOLLAR AMOUNT IS OVER \$50,000.

466_VER

Rental income reported as (amount).

Is this entry correct?

(1) Yes

(2) No

467. How much did (name/you) receive in royalties during 1997?

(H) Help

AMOUNT: \$ _____ .00

(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000.)

467_VER

Income from royalties reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

473. How much did (name/you) receive from estate or trust income in 1997?

(H) Help

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

473 _ VER

Income from estates or trusts reported
as (amount). Is this entry correct?

(1) Yes

(2) No

479. Is it easier for you to report (name's/your) alimony payments monthly or annually?

(1) Monthly

(2) Annually

480. How much did (name/you) receive (monthly/) in alimony payments in 1997?

AMOUNT: \$ _____ .00
(IF 479 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$2,500.
(2), \$30,000

480 _ VER

Alimony payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

481 During which months in 1997 did (you/name) receive alimony payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN

____ 2 FEB

____ 3 MAR

____ 4 APR

____ 5 MAY

____ 6 JUN

____ 7 JUL

____ 8 AUG

____ 9 SEP

____ 10 OCT

____ 11 NOV

____ 12 DEC

482. According to my calculations (name/you) received (total) dollars altogether from alimony payments in 1997. Does that sound right?

(1) Yes

(2) No

483. What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00

(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

483_VER

Alimony payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

484. Which is the easiest way for you to report (name's/your) child support payments: weekly, every two weeks, twice monthly, monthly or annually?

- (1) Weekly
- (2) Every two weeks
- (3) Twice Monthly
- (4) Monthly
- (5) Annually

485A. How much did (you/name) receive (fill in with periodicity in 484) in child support payments?

AMOUNT: \$ _____ .00

(IF 484 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$1,000.
(2 OR 3), \$1,500.
(4), \$3,000.
(5), \$30,000.)

485A_VER

Child support payments reported as
(amount). Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

485B During which weeks of 1997 did (you/name) receive child support payments?
Please tell me "from what week number to what week number" for each time period.

ENTER "FROM (WEEK) TO (WEEK)" FOR EACH PERIOD; USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __ FROM __ TO __

__01	__08	__15	__22	__29	__36	__43	__50
__02	__09	__16	__23	__30	__37	__44	__51
__03	__10	__17	__24	__31	__38	__45	__52
__04	__11	__18	__25	__32	__39	__46	
__05	__12	__19	__26	__33	__40	__47	
__06	__13	__20	__27	__34	__41	__48	
__07	__14	__21	__28	__35	__42	__49	

486 During which months did (you/name) receive child support payments?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __

__1 JAN	__7 JUL
__2 FEB	__8 AUG
__3 MAR	__9 SEP
__4 APR	__10 OCT
__5 MAY	__11 NOV
__6 JUN	__12 DEC

487. According to my calculations (name/you) received (total) dollars altogether from child support payments in 1997. Does that sound right?

- (1) Yes
(2) No

Survey of Program Dynamics

488. What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF AMOUNT IS OVER \$30,000)

488_VER

Child support payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

489. Is it easier for you to report the regular financial assistance (name/you) received in 1997 from friends or relatives not living in this household, monthly or annually?

(1) Monthly

(2) Annually

490. How much did (name/you) receive (monthly/) in financial assistance from friends or relatives during 1997?

(H) Help

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

490_VER

Financial assistance from friends or
relatives reported as (amount). Is this
entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

- 491 During which months in 1997 did (you/name) receive regular financial assistance from friends or relatives not living in this household?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

-
492. According to my calculations (name/you) received (total) dollars from regular financial assistance from friends or relatives not living in this household in 1997. Does that sound right?

(1) Yes
(2) No

-
493. What is your best estimate of the total amount (name/you) received in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

493_VER

Financial assistance from friends or relatives reported as (amount). Is this entry correct?

(1) Yes
(2) No

Survey of Program Dynamics

494. Is it easier for you to report (name's/your) National Guard or Reserve payments during 1997 monthly or annually?

- (1) Monthly
(2) Annually

495. How much did (name/you) earn (monthly/) from National Guard or Reserve pay in 1997?

(H) Help

AMOUNT: \$ _____ .00

(IF 494 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$2,000.
(2), \$20,000.)

495_ VER

National Guard or Reserve pay
reported as (amount). Is this entry
correct?

- (1) Yes
(2) No

496 During which months in 1997 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

497. According to my calculations (name/you) received (total) dollars altogether from National Guard or Reserve pay in 1997. Does that sound right?

- (1) Yes
(2) No

498. What is your best estimate of the total amount (name/you) received from National Guard or Reserve pay in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT OVER \$20,000)

498_VER
National Guard or Reserve pay
reported as (amount). Is this entry
correct?

- (1) Yes
(2) No

499. Earlier you reported that (name/you) earned income from a side business or hobby. Is it easier for you to report this income for 1997 monthly or annually?

- (1) Monthly
(2) Annually

Survey of Program Dynamics

500. How much did (name) earn (monthly/) from a side business or hobby in 1997?

AMOUNT: \$ _____ .00

(IF 499 EQ (1), VERIFY IF DOLLAR AMOUNT IS OVER \$5,000.
(2), \$50,000.)

(IF 500 EQ \$0.00, VERIFY DOLLAR AMOUNT

500 _ VER

Casual earnings from a side business
or hobby reported as (amount). Is
this entry correct?

(1) Yes

(2) No

501 During which months in 1997 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

502. According to my calculations (name/you) received (total) dollars altogether from a side business or hobby in 1997. Does that sound right?

(1) Yes

(2) No

Survey of Program Dynamics

503. What is your best estimate of the total amount (name/you) received from a side business or hobby in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

503_VER

Casual earnings from a side business or hobby reported as (amount). Is this entry correct?

(1) Yes

(2) No

-
- 504 How much income did (you/name) receive from (your/his/her) interest in a farm in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)
(IF 504 EQ \$0.00, VERIFY DOLLAR AMOUNT

504_VER

Interest in a farm reported as (amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

505. During which months in 1997 did (name/you) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

506 How much did (you/name) receive in lump sum payments in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

506_VER

Lump sum payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

508 How much did (you/name) receive in income assistance from a charitable group in 1997?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

508_VER

Income assistance from a charitable
group reported as (amount). Is this
entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

509 During which months in 1997 did (you/name) receive this income?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

510 How much did (you/name) receive in other income in 1997?

AMOUNT: \$ _____.00
(VERIFY IF DOLLAR AMOUNT IS OVER \$10,000)

510_VER

Other source of income reported as
(amount). Is this entry correct?

(1) Yes

(2) No

APP1

[I know that (you haven't/name hasn't) received any income assistance, but (you/he/she) may have looked into getting such assistance.]

[You reported (receiving/that name received) some income assistance. The next questions are about whether (you/he/she) looked into getting any other government assistance.]

At any time during 1997, did (you/name) complete an application to receive any (other) government assistance because (you/he/she) had income that was too low to meet (his/her) needs?

(1) Yes

(2) No

APP2

For which government programs did (you/name) complete an application?
(PROBE: Anything else?)

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Cash assistance for children or families with children (old AFDC/ADC)
- ____ (2) Supplemental Security Income (SSI) for the aged, blind, and disabled
- ____ (3) Food stamps
- ____ (4) WIC (Women, Infants, and Children Nutrition program)
- ____ (5) Unemployment compensation
- ____ (6) Public Housing or rental assistance
- ____ (7) Energy assistance
- ____ (8) Education or training
- ____ (9) Child care assistance
- ____ (10) Transportation assistance
- ____ (11) School meals
- ____ (12) Other (Specify)_____

APP3

Has (your/name's) application been approved, denied, or (are you/is he/is she) still waiting to hear?

PROGRAM: (Fill type of assistance)

- (1) Approved
 - (2) Denied
 - (3) Still waiting to hear
- _____

APP4

If (your/name's) application was approved, why didn't (you/he/she) receive those benefits in 1997?

PROGRAM: (Fill type of assistance)

- (1) Decided not to receive benefit
 - (2) On waiting list
 - (3) Benefits began in 1998
 - (4) Haven't arrived or started yet
 - (5) Other (specify)
- _____

Specify: _____

Survey of Program Dynamics

APP5 What reasons were given for (your/name) being denied?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Not eligible -- income or other resources too high to qualify
- ____ (2) Not eligible -- not eligible due to penalty from previous program participation (sanctioned)
- ____ (3) Not eligible -- Did not meet health or disability requirement
- ____ (4) Not eligible -- Immigration status
- ____ (5) Not eligible -- no reason specified or some other reason given
- ____ (6) Did not provide all the information requested
- ____ (7) Non-cooperation with work requirements
- ____ (8) Non-cooperation with child support requirements
- ____ (9) Not residing in an adult-supervised household
- ____ (10) Failed substance abuse requirements (testing or any other related)
- ____ (11) Had already received maximum assistance (time and \$ limit)
- ____ (12) Lack of program funding
- ____ (13) Other reason (Specify) _____

SKIP_IS

Do you want to skip (name) at this time?

- (1) Yes, continue
- (2) No, back to previous item

ELIGIBILITY AND ASSETS

600. The next questions are designed to give estimates of the financial situation of households in the U.S.

PRESS ENTER

601 Who owns or is buying this
(house/apartment)?

ENTER AS MANY LINE NUMBERS AS
NEEDED. TO "UNMARK" A LINE NUMBER,
RE-ENTER THE NUMBER.

ENTER LINE NUMBER OR "N" FOR NO MORE
(H) Help

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

604 About how much do you ESTIMATE this (house/apartment) would sell for if (you/name) were to put it on the market today?

(H) Help

AMOUNT: \$_____.00
(VERIFY IF DOLLAR AMOUNT OVER \$500,000)

604_VER

Market value reported as (amount).
Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

607 The next few questions are about your property taxes, homeowners insurance and current mortgage payments on this home. It will be much easier to provide this information if you refer to your mortgage statement or mortgage payment coupons. I'd be glad to wait while you get those records.

(Do you/Does name) have a mortgage on this property?

- (1) Yes
- (2) No
- (H) Help

608. (Do you/Does name) have a home equity loan on this property?

- (1) Yes
- (2) No

609. How much are (your/names) monthly mortgage payments (including any condo or association fees)?

(H) Help

AMOUNT: \$_____.00
VERIFY IF OVER \$2,500

609_VER

Monthly mortgage reported as
(amount). Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

610. (Do your/Does name) mortgage payments include property taxes?

- (1) Yes
- (2) No

611. How much are (your/name's) total property taxes, including city, county, and school taxes?

(H) Help

AMOUNT: \$ _____.00
VERIFY IF OVER \$10,000

611_VER

Property taxes reported as (amount).
Is this entry correct?

- (1) Yes
- (2) No

612. (Do your/Does name's) payments include insurance premiums?

- (1) Yes
- (2) No
- (H) Help

613. How much (do you/does name) pay for homeowner's insurance, that is, what is (your/his/her) annual premium?

(H) Help

AMOUNT: \$ _____.00
VERIFY IF OVER \$10,000

613_VER

Homeowner's insurance reported as
(amount). Is this entry correct?

- (1) Yes
- (2) No

Survey of Program Dynamics

614. How much are (your/name's) monthly payments on (your/his/her) home equity loan?

AMOUNT: \$ _____.00
VERIFY IF OVER \$50,000

614_VER

Home equity loan reported as
(amount). Is this entry correct?

(1) Yes

(2) No

618B How much was this household's rent payment last month?

(H) Help

AMOUNT: \$ _____.00

618C The next few questions are about your usual monthly utility bills.

How much (do you/does this household) usually pay for electricity per month?

AMOUNT: \$ _____.00

How much for gas or other type of heating fuel per month?

AMOUNT: \$ _____.00

How much (do you/does this household) pay for BASIC telephone service per month?

AMOUNT: \$ _____.00

And how much (do you/does this household) usually pay for water and sewer per month?

AMOUNT: \$ _____.00

Survey of Program Dynamics

618D. Did more than one person living here pay for the (rent and/mortgage payment and/)
utilities last month?

- (1) Yes
(2) No

618E Who paid (and how much did each pay)? (N) for no more (H) Help LN: ____ AMOUNT: \$ ____ LN: ____ AMOUNT: \$ ____ LN: ____ AMOUNT: \$ ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.
---	--

619. (Do/Does) (you/anyone in this household) own any real estate (OTHER THAN YOUR
MAIN HOME), such as a second home, land, rental real estate, or money owed to you on
a land contract?

- (1) Yes
(2) No
(H) Help

620 Who owns this real estate? ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER. ENTER LINE NUMBER OR "S" FOR SOMEONE OUTSIDE THE HOUSEHOLD OR "N" FOR NO MORE LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER. INCLUDE A CODE FOR SOMEONE OUTSIDE THE HOUSEHOLD.
---	--

Survey of Program Dynamics

623. About how much would the property or properties sell for if (you/name/names) were to put it on the market today?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$500,000)

623_VER

Selling price reported as (amount). Is this entry correct?

(1) Yes

(2) No

-
624. (Do/Does)(you/name/names) have a mortgage on the real estate?

(1) Yes

(2) No

-
625. How much is the remaining principal on the mortgage?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$500,000)

625_VER

Remaining principal reported as (amount). Is this entry correct?

(1) Yes

(2) No

Survey of Program Dynamics

631. (Do/Does) (you/anyone in this household) own a car, van, or truck? Do not include leased vehicles, recreational vehicles, or motorcycles?

- (1) Yes
(2) No
(H) Help

632. How many cars, trucks, or vans do (you/members of this household) own?

(H) Help

—

633 Who owns (this/the newest/the next newest/the third newest) vehicle?

** ENTER UP TO TWO LINE NUMBERS **
"N" WHEN DONE, OR NONE

LINE NUMBER: __ __

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER.**

634. What is the year, make and model of [this/(the newest/the next newest/the third newest)] vehicle?

____ YEAR

____ MAKE (e.g., Chrysler, Ford, Chevrolet, Pontiac, Buick,
Toyota, Honda, Volvo, Saab)

____ MODEL (e.g., Mustang, Camaro, Civic, Camry, Le Baron,
New Yorker)

635. Is this vehicle owned free and clear or is there still money owed on it?

- (1) Free and clear
(2) Money owed

Survey of Program Dynamics

636. How much is currently owed for this vehicle?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

636_VER

Amount owed on vehicle reported as (amount). Is this entry correct?

- (1) Yes
(2) No
-

637. Not counting routine use to get to and from work, is this vehicle used primarily for either business purposes or for the transportation of a disabled person.

- (1) Yes
(2) No
-

V_REVIEW

USE THIS SCREEN TO DELETE
VEHICLES AS NECESSARY

SHOULD ANY VEHICLES BE DELETED?

- (1) Yes
(2) No
- _____

LN VEHICLE YEAR

ROSTER VEHICLES.

V_REVIEW2

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE.

RE-ENTER THE NUMBER TO "UNDELETE"
A LINE NUMBER.

LINE NUMBER: _____

LN VEHICLE YEAR

ROSTER VEHICLES.

Survey of Program Dynamics

645. (Aside from mortgages or home equity loans,/Aside from car loans,/Aside from mortgages, home equity or car loans,) (do/does) (you/anyone in this household) have any (other) debts -- such as credit card charges, student loans, medical or legal bills, or loans from relatives?

(1) Yes
(2) No

646 Whose debts are they?

ENTER AS MANY LINE NUMBERS AS
NEEDED. TO "UNMARK" A LINE NUMBER
RE-ENTER THE NUMBER.

ENTER LINE NUMBER OR "S" FOR SOMEONE
OUTSIDE THE HOUSEHOLD OR "N" FOR NO
MORE

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER.
INCLUDE A CODE FOR
SOMEONE OUTSIDE THE
HOUSEHOLD.**

649. If you added up all of (your/name's/your household's/someone outside household) debts (excluding mortgages/excluding car loans/excluding mortgages and car loans), about how much would they amount to right now?

AMOUNT: \$ _____ .00
(VERIFY IF DOLLAR AMOUNT IS OVER \$50,000)

649 _ VER

Total debts reported as (amount). Is
this entry correct?

(1) Yes
(2) No

Survey of Program Dynamics

650. The next few questions are about money that (you/anyone in your household/members of your household) may have provided for the support of persons outside this household.

During 1997, did (you/anyone in this household) pay child support or provide money for the support of (your/his or her) children who lived with another parent or guardian?

- (1) Yes
(2) No
(H) Help

651 Who paid child support?	LN NAME AGE
ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER	----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.
ENTER LINE NUMBER OR "N" FOR NO MORE	
LINE NUMBER: ____	

652. Including payments made directly to the other parent or guardian, payments made to a court or agency, and amounts withheld from paychecks, what were (your/name's) total payments for child support in 1997?

AMOUNT: \$ _____.00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

623_VER
Selling price reported as (amount). Is
this entry correct?

(1) Yes
(2) No

Survey of Program Dynamics

654. During 1997, did (you/anyone in this household) provide any alimony to a former spouse?

- (1) Yes
(2) No

655 Who paid alimony?

ENTER AS MANY LINE NUMBERS AS
NEEDED. TO "UNMARK" A LINE NUMBER,
RE-ENTER THE NUMBER

ENTER LINE NUMBER OR "N" FOR NO MORE

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER.**

656. What were (your/name's) total payments for alimony in 1997?

AMOUNT: \$ _____.00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

656_VER

Alimony payments reported as
(amount). Is this entry correct?

- (1) Yes
(2) No

657. (Other than child support/Other than alimony/Other than child support and alimony,) Did (you/anyone in this household) make any (other) payments for the support of someone who did not live in this household in 1997?

- (1) Yes
(2) No

Survey of Program Dynamics

658 Who made these payments? ENTER AS MANY LINE NUMBERS AS NEEDED. TO "UNMARK" A LINE NUMBER, RE-ENTER THE NUMBER ENTER LINE NUMBER OR "N" FOR NO MORE LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER.
---	--

659. For how many persons did (you/name) make support payments (not including child support/not including alimony/not including child support or alimony)?

660. How much did (you/name) pay for the support of (this person/these persons) during 1997?

AMOUNT: \$_____.00
(VERIFY IF DOLLAR AMOUNT IS OVER \$30,000)

660_VER

Support payments reported as
(amount). Is this entry correct?

(1) Yes

(2) No

EDUCATIONAL ENROLLMENT

Education questions are asked person-by-person for all persons 15 and over, with the exception that persons 15-17 are skipped over the educational enrollment questions. Persons 15-17 will be included in the children's school enrollment questions.

INSCHOOL

SECTION START: EDUCATIONAL ENROLLMENT, WORK TRAINING, ETC.

The next few questions are about school enrollment FROM SEPTEMBER 1997 THROUGH May, 1998.

At any time between September 1997 and May, 1998 (were you/was name) enrolled in school, either full or part time?

READ IF NECESSARY: Include any regular school, such as elementary, high school or college; or any vocational, technical, or business school beyond high school.

- (1) Yes
- (2) No
- (H) Help

INMONTHS

During which months (were/was) (you/he/she) enrolled in school?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

**** 1997 ****

__ 9 SEP
__ 10 OCT
__ 11 NOV
__ 12 DEC

**** 1998 ****

__ 13 JAN
__ 14 FEB
__ 15 MAR
__ 16 APR
__ 17 May

Survey of Program Dynamics

WHTLEVEL

Was it a high school, college, vocational school or something else?

- (1) High school
- (2) College
- (3) Vocational, technical, business school **beyond** high school level
- (4) Something else (specify)
- (H) Help

Specify: _____

WHTLEVLA

In what grade are you enrolled?

- (1) High school grade 9-10
- (2) High school grade 11
- (3) High school grade 12
- (4) High school equivalency/GED program

WHTLEVLB

At what level were you enrolled?

IF NECESSARY: READ CATAGORIES

- (1) College year 1 (Freshman)
- (2) College year 2 (Sophomore)
- (3) College year 3 (Junior)
- (4) College year 4 (Senior)
- (5) College year 5 (first year graduate or professional school)
- (6) College year 6 (second year or higher graduate or professional school)
- (7) Enrolled in college, but not working towards degree

MONEYAID

Did (you/name) receive any financial aid for school expenses such as tuition, fees, books, or living expenses since September 1997?

READ IF NECESSARY: Include financial assistance such as loans, grants, scholarships, employer assistance, veterans benefits, or any other type of financial aid, (EXCLUDING HELP FROM PARENTS).

- (1) Yes
- (2) No

Survey of Program Dynamics

WHATAID FLASHCARD P.

During this period, from SEPTEMBER 1997 THROUGH May, 1998, what kind of educational assistance did (you/name) receive? PROBE: Anything else?

ENTER EACH TYPE MENTIONED: (H) Help

USE "N" for NO MORE; RE-ENTER NUMBER to UNMARK AN ENTRY

- | | |
|-----------------------------|--|
| (1) Federal PELL Grant | (6) Grant, scholarship, or tuition |
| (2) Department of Veteran's | remission from the school attended |
| Affairs (VA) assistance | (7) Teaching or research assistantship |
| (3) College (or Federal) | from the school attended |
| Work Study Program | (8) Other grant or scholarship |
| (4) Other Federal grant | (Specify below) |
| (Specify below) | (9) Employer assistance |
| (5) State grant or | (10) Loan that has to be repaid |
| scholarship | (11) Other source (Specify below) |

SPECIFY: _____

SPECIFY: _____

SPECIFY: _____

WORK TRAINING

TRAINNEW

Between January 1997 and May, 1998, (have you/has name) received any training to help (you/him/her) look for or train for a new job?

- (1) Yes
- (2) No

TRNUMNEW

How many different training activities of this type, lasting one day or more, did (you/he/she) participate in between January 1997 and May, 1998?

(H) Help

ENTER NUMBER. IF ALL TRAINING LASTED LESS THAN ONE DAY ENTER "0"; IF NUMBER IS GREATER THAN 9, ENTER "9": ____

TRNEWEST

I realize you may not know the exact number, but an estimate would be fine.

ENTER NUMBER. IF NUMBER IS GREATER THAN 9, ENTER "9": ____

Survey of Program Dynamics

WKTRMNTN

During the period between January 1997 and May, 1998, in which months (were you/was he/was she) attending training of the type?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL, "0" to ERASE, "N" for NO MORE

FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __

1997

__ 1 JAN
__ 2 FEB
__ 3 MAR
__ 4 APR
__ 5 MAY
__ 6 JUN

1997

__ 7 JUL
__ 8 AUG
__ 9 SEP
__ 10 OCT
__ 11 NOV
__ 12 DEC

1998

__ 13 JAN
__ 14 FEB
__ 15 MAR
__ 16 APR
__ 17 MAY

REQUIRED

(Were you/Was name) REQUIRED to enroll in this training in order to receive public assistance or other benefits?

- (1) Yes, enrollment in some or all of the training was required
- (2) No, enrollment in all of the training was entirely voluntary
- (H) Help

JBSEARCH

Was this training designed to teach (you/him/her) to look for a job, or to teach (you/him/her) specific skills needed for a new job or career?

PROBE: Which one was the most important?

- (1) To teach (you/him/her) how to look for a job--for example, resume preparation, job search techniques, interviewing skills.
- (2) To teach (you/him/her) specific skills needed for a new job or career--for example, automobile mechanics, typing, computer software.
- (H) Help

TRPAYNEW

Who sponsored or paid for (your/his/her) (most recent) training?

- (1) Federal, state, or local government program (NOT employer)
- (2) Self or family
- (3) Current or previous employer
- (4) Other (specify below)
- (H) Help

—

SPECIFY: _____

TRWHERE **FLASHCARD Q.**

Where did (you/name) receive this (most recent) training?

- (1) Business, technical, or vocational school
- (2) High school
- (3) Two-year or community college
- (4) Four-year college or university
- (5) At current or previous employer's place of work
- (6) Correspondence course
- (7) Sheltered workshop
- (8) Vocational rehabilitation center
- (9) Unemployment office
- (10) Other(specify below)
- (H) Help

—

SPECIFY: _____

TOGETJOB

Did (you/name) use this training to get [(your/his/her) current job/the job from which (you/he/she) (are/is) on layoff]?

- (1) Yes
- (2) No

SEACHJB

(Have/Has) (you/he/she) used this training to search for a job?

- (1) Yes
- (2) No

Survey of Program Dynamics

USETROLD

(Have/Has) (you/he/she) used this training on (your/his/her) (current job/the job) from which (you/he/she) (are/is) on layoff?

(1) Yes

(2) No

LKUSETR

(Have/Has) (you/he/she) been looking for work that will use this training?

(1) Yes

(2) No

FUNCTIONAL LIMITATION AND DISABILITY

NHLTH

These next few questions are about (your/name's) health. Would you say (your/his/her) health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
 - (2) Very good
 - (3) Good
 - (4) Fair
 - (5) Poor
-

LMTSCHL

Because of a physical, learning, or mental health condition, (do you/ does name) currently have any limitation in (your/his/her) ability to do regular school work?

- (1) Yes
 - (2) No
 - (H) Help
-

SPECED

During the past 12 months, that is, since (month) 1997, did (you/name) receive any special education services?

- (1) Yes
 - (2) No
 - (H) Help
-

DIFSEE

(Do/Does) (you/name) have difficulty seeing the words and letters in ordinary newspaper print even wearing glasses or contact lenses?

- (1) Yes
 - (2) No
-

SEEWORDS

(Are/Is) (name/you) able to see the words and letters in ordinary newsprint at all?

- (1) Yes
 - (2) No
-

Survey of Program Dynamics

SPECAIDS

(Do/Does) (you/name) use any special aids such as a cane, wheelchair, or a hearing aid?

- (1) Yes
 - (2) No
 - (H) Help
-

TYPEAID

Which type of aid (do/does) (you/name) use?
Anything else?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

- ____ (1) Cane
 - ____ (2) Wheelchair
 - ____ (3) Walker
 - ____ (4) Crutches
 - ____ (5) Leg brace
 - ____ (6) Hearing aid
 - ____ (7) Other
-

DIFHEAR

(Do/Does) (you/name) have any difficulty hearing what is said in a normal conversation with another person (even using a hearing aid if (he/she/you) usually (wears/wear) one)?

- (1) Yes
 - (2) No
-

HEARNORM

(Is/Are) (name/you) able to hear what is said in a normal conversation at all?

- (1) Yes
 - (2) No
-

DIFLIFT

(Does/Do) (name/you) have any difficulty lifting and carrying something as heavy as 10 pounds, such as a full bag of groceries?

- (1) Yes
- (2) No

Survey of Program Dynamics

ABLELIFT

(Is/Are) (name/you) able to lift and carry this much weight at all?

- (1) Yes
 - (2) No
-

DIFWALK

(Does/Do) (name/you) have any difficulty walking a quarter of a mile -- about 3 city blocks?

- (1) Yes
 - (2) No
-

WALKALL

(Are/Is) (you/name) able to walk a quarter of a mile at all?

- (1) Yes
 - (2) No
-

NEEDHELP

Because of a chronic condition, (do/does) (you/name) need help of another person with any of the following activities:

- (1) Yes
- (2) No
- (H) Help

- (3) Usually
- (4) Occasionally

___ Getting in or out of a bed OR chair?

PROBE: Is that usually or occasionally?

___ Taking a bath OR shower?

PROBE: Is that usually or occasionally?

___ Doing household chores such as preparing meals, washing dishes, OR sweeping the floor?

PROBE: Is that usually or occasionally?

___ Going outside the home to shop OR visit the doctor's office?

PROBE: Is that usually or occasionally?

HEALTH CARE UTILIZATION

HOSPPAT

Between January 1997 and December 1997, (were/was) (you/name) admitted to a hospital for an overnight stay or longer?

- (1) Yes
- (2) No

PSYCH

Between January 1997 and December 1997, (were/was) (you/name) admitted to a psychiatric hospital or a psychiatric unit of a hospital?

- (1) Yes
- (2) No

TIMEHOSP

How many different times (were/was) (you/name) admitted to a (medical/psychiatric/medical or psychiatric) hospital for an overnight stay or longer between January 1997 and December 1997?

NUMBER OF TIMES: _____

REASHOSP

What was the reason for (your/name's) (last) hospital stay in 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER.

(H) Help

- ____ (1) Child birth
- ____ (2) Surgery or operation (including bone setting or getting stitches)
- ____ (3) Emergency room/accidental injury
- ____ (4) Mental or emotional problem or disorder
- ____ (5) Drug or alcohol abuse problem or disorder
- ____ (6) Other medical

SPECIFY: _____

Survey of Program Dynamics

NGHTHOSP

How many total nights did (you/name) spend in a (medical/psychiatric/medical or psychiatric) hospital between January 1997 and December 1997?

NUMBER OF NIGHTS: _____

NODRVIST

(Excluding hospital stays,) How many times did (you/name) see or talk to a medical doctor or assistant about (your/his/her) health between January 1997 and December 1997?

NUMBER OF TIMES: _____

NODTVIST

How many visits did (you/name) make to a dentist, including orthodontists, oral surgeons, and dental hygienists between January 1997 and December 1997?

NUMBER OF VISITS: _____

VISTPLAC

Is there a place that (you/name) (go/goes) if (you/he/she) (are/is) sick or need(s) advice about (your/his/her) health?

- (1) Yes
 - (2) No
 - (H) Help
-

PLACTYPE

To what kind of place did (you/name) usually go?

READ RESPONSE CATEGORIES

- (1) Clinic or health center
- (2) Doctor's office (or HMO)
- (3) Hospital emergency room
- (4) Hospital outpatient department
- (5) Some other place (Specify)
- (H) Help

Specify: _____

Survey of Program Dynamics

PAYDREXP

The next questions are about medical expenses last month, that is, (month) 1998.

Did you (or anyone in this household) pay any expenses for doctor, dentist, or hospital bills for (yourself/name) last month?

DO NOT INCLUDE PRESCRIPTION MEDICINES, PAYMENTS FOR INSURANCE PREMIUMS, OR EXPENSES THAT WILL BE REIMBURSED BY INSURANCE COMPANIES.

NOTE: "PAY" REFERS TO "OUT-OF-POCKET" EXPENSES.

(1) Yes

(2) No

WHATPAY

Not counting amounts that will be reimbursed by insurance, how much was paid for (your/name's) doctor, dentist, or hospital bills last month?

\$ _____

PAYRX

Did you (or anyone in this household) pay any expenses for prescription medicines for (yourself/name) last month?

(1) Yes

(2) No

WHTPARX

Not counting amounts that will be reimbursed by insurance, how much was paid for (your/name's) prescription medicines last month?

\$ _____.00

SKIP_OTH

Do you want to skip (name) at this time?

(1) Yes, continue

(2) No, back to previous item

HEALTH INSURANCE

HLTHINS FLASHCARD R

The next few questions are about health insurance coverage in 1997.

This is a list of different types of health insurance coverage. I'd like to know if (you/anyone in this household) (were/was) covered by the following types of health insurance at ANYTIME from January through December 1997.

(1) Yes
(2) No
(H) Help

- A. **Medicare**, the government medical plan for persons 65 and over and for persons with disabilities _____
- B. **Medicaid** (or state name), the government medical plan for persons with low incomes _____
- C. CHAMPUS/TRICARE, CHAMPVA, Military Health, Indian Health Service or any other government provided health insurance including (state name) _____
- D. A plan provided by a person in this household through a current or past employer or **union** _____
- E. A plan purchased directly from an insurance company, that is, a private plan not related to a current or past employer _____
- F. A plan of someone not living in this household _____
- G. **Not covered** by any kind of health insurance **for the entire year** _____

WHOMEDCR

Who was covered by Medicare at any time in 1997?

Probe: Anyone else?

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME

AGE

DISPLAY LINE NUMBER AND FULL NAME OF PERSON 65 AND OVER.

Survey of Program Dynamics

MOMEDCR1

(Were/Was) (you/name) covered by Medicare for all of 1997 or for only part of 1997?

- (1) All year
- (2) Part of year

MOMEDCR2

Which months (were/was) (you/name) covered by Medicare in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A" for ALL, USE "0" TO ERASE, "N" for NO MORE

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

****1997****

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

****1997****

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

WHOMEDCD

Who was covered by Medicaid, or the (state name) at any time in 1997?

Probe: Anyone else?

(H) Help

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

SHOW HOUSEHOLD ROSTER

Survey of Program Dynamics

MOMEDCD1

(Were/Was) (you/name) covered by Medicaid or the (state name) for all of 1997 or for only part of 1997?

- (1) All year
- (2) Part of year

MOMEDCD2

Which months (were/was) (you/name) covered by Medicaid or the (state name) in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A" for ALL, USE "0" TO ERASE, "N" for NO MORE

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

****1997****

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

****1997****

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

WHOOCHAMP

Who was covered by CHAMPUS/TRICARE/
CHAMPVA, Military Health, Indian Health
Service, or any other government-provided health
insurance including (state name), at any time during
1997?

(Probe: Anyone else?)

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

**DISPLAY LINE NUMBER AND
FULL NAME OF ALL HOUSEHOLD
MEMBERS**

Survey of Program Dynamics

WHICHCHA

What kind of plan (was/were) (name/you) covered by?

READ CATEGORIES IF NECESSARY:

- (1) CHAMPUS/CHAMPVA
 - (2) Military Health
 - (3) Indian Health Service
 - (4) (state name)
-

MOCHAMP1

(Were/Was) (you/name) covered by (plan name) for all of 1997 or for only part of 1997?

- (1) All year
 - (2) Part of year
-

MOCHAMP2

Which months (was name) (were you) covered by (plan name) in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A" for ALL, USE "0" TO ERASE, "N" for NO MORE

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

1997

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

1997

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

Survey of Program Dynamics

<p>WHOEMP Who was covered by an employer or union provided plan in 1997?</p> <p>(Probe: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>(H) Help</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>DISPLAY LINE NUMBER AND FULL NAME OF ALL HOUSEHOLD MEMBERS</p>
<p>WHOSEMP Which person in this household was the policyholder of (your/name's) plan during 1997?</p> <p>ENTER LINE NUMBER OR "Z" IF SOMEONE OUTSIDE HOUSEHOLD.</p> <p>(H) Help</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>SHOW HOUSEHOLD ROSTER OF PERSONS 15 AND OVER</p>
<p>EMPPAY Did the employer or union pay for all, part, or none of the cost of the plan in 1997?</p> <p>(1) All (2) Part (3) None</p>	
<p>MOEMP1 (Was name/Were you) covered by an employers health plan part of 1997?</p> <p>(1) All year (2) Part of year</p>	

Survey of Program Dynamics

MOEMP2

Which months (was name/were you) covered by an employer's health plan in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED
USE "A" FOR ALL, USE "0" TO ERASE, "N" for NO MORE

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

** 1997 **

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

** 1997 **

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

WHODIR

Who was covered at any time in 1997 by a plan purchased directly, which is not related to current or past employment?

(H) Help

ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.

LINE NUMBER: ____

LN NAME

AGE

DISPLAY LINE NUMBER AND
FULL NAME OF ALL HOUSEHOLD
MEMBERS

WHOSDIR

In whose name is (name's/your) policy written, that is, who is the policyholder?

(H) Help

ENTER LINE NUMBER OR "Z" IF SOMEONE OUTSIDE HOUSEHOLD.

LINE NUMBER: ____

LN NAME

AGE

**SHOW HOUSEHOLD ROSTER
OF PERSONS 15 AND OVER**

Survey of Program Dynamics

MODIR1

(Were/Was) (you/name) covered by a health insurance plan purchased directly from an insurance company for all of 1997 or for only part of 1997?

- (1) All year
- (2) Part of year

MODIR2

Which months (was name/were you) covered by a health insurance plan purchased directly from an insurance company in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" FOR ALL, USE "0" to ERASE, "N" for NO MORE

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

FROM ____ TO ____ FROM ____ TO ____ FROM ____ TO ____

** 1997 **

** 1997 **

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

WHOOOT

Who was covered at any time during 1997 by a health insurance plan of someone not living in the household?

(Probe: Anyone else?)

(H) Help

ENTER AS MANY LINE NUMBERS AS
NEEDED OR "N" FOR NO MORE. RE-ENTER
THE NUMBER TO "UNMARK" A LINE
NUMBER.

LINE NUMBER: ____

LN NAME

AGE

DISPLAY LINE NUMBER AND
FULL NAME OF ALL HOUSEHOLD
MEMBERS

Survey of Program Dynamics

MOELSE1

(Were/Was) (you/name) covered by a health insurance plan of someone not living in the household for all of 1997 or for only part of 1997?

- (1) All year
- (2) Part of year

MOELSE2

Which months (were/was) (you/name) covered by a health insurance plan of someone not living in the household for all in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A" FOR ALL, USE "0" to ERASE, "N" for NO MORE

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

** 1997 **

** 1997 **

____ 1 JAN
____ 2 FEB
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____ 4 APR
____ 5 MAY
____ 6 JUN

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

NOTCOV

I have recorded that (name(s)/you) (was/were) not covered by a health plan at any time during 1997. Is that correct?

- (1) Yes, (not covered/none covered)
- (2) No, (covered/at least one is covered)

Survey of Program Dynamics

WHOCOV Who should be marked as covered? (Probe: Anyone else?) ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ____	LN NAME AGE ----- SHOW HOUSEHOLD ROSTER OF PERSONS NOT COVERED AT ALL DURING 1997
--	--

TYPEINS

What type of health insurance (was/were) (name/you) covered by in 1997?

ENTER EACH TYPE MENTIONED; "N" for "no more" ____

- __ (1) Medicare
- __ (2) Medicaid, or (state name), the government
 medical plan for persons with low incomes
- __ (3) CHAMPUS/TRICARE/CHAMPVA, Military Health, Indian Health Service,
 or any other government-provided health insurance plan, including (state name)
- __ (4) A plan provided (by a person in this household) through a current or past
 employer or union
- __ (5) A plan purchased directly from an insurance company, that is, a private plan not
 related to a current or past employer
- __ (6) A plan of someone not living in this household

MOINS1

(Was/Were) (name/you) covered by a health insurance plan for all of 1997 or for only
part of 1997?

- (1) All year
- (2) Part of year

Survey of Program Dynamics

MOINS2

Which months (was name/were you) covered by a health insurance plan in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD COVERED;
USE "A" FOR ALL, USE "0" to ERASE, "N" for NO MORE

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

** 1997 **

** 1997 **

____ 1 JAN
____ 2 FEB
____ 3 MAR
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____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

REASNOT **FLASHCARD S**

Which answer on this card best describes the reason why (name/you) (wasn't/weren't) covered by health insurance in 1997?

- (1) Too expensive; can't afford health insurance.
- (2) No health insurance offered by employer of self, spouse, or parent
- (3) Not working at a job long enough to qualify
- (4) Job layoff, job loss, or any reason related to unemployment
- (5) Not eligible because working part time or temporary job
- (6) Can't obtain insurance because of poor health, illness, age, or pre-existing condition
- (7) Dissatisfied with previous insurance OR don't believe in insurance
- (8) Have been healthy; not much sickness in family; haven't needed health insurance
- (9) Able to go to VA or military hospital for medical care
- (10) Covered by some other health plan, such as Medicaid
- (11) No longer covered by parents' policy
- (12) Other (Specify)
- (H) Help

Specify: _____

Survey of Program Dynamics

CURCOV

(Is everyone in this household/Are you) **CURRENTLY** covered by the same insurance (you/they) had in December 1997?

- (1) Yes
- (2) No

<p>WHOCUR Who is NOT covered CURRENTLY by the same type of insurance they had in December, 1997?</p> <p>(Probe: Anyone else?)</p> <p>ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER.</p> <p>LINE NUMBER: ____</p>	<p>LN NAME AGE</p> <p>-----</p> <p>DISPLAY LINE NUMBER AND FULL NAME OF ALL HOUSEHOLD MEMBERS</p>
---	---

TYPECUR FLASHCARD R

What type of health insurance, if any, (are you/is name) currently covered by?

ENTER EACH TYPE MENTIONED; "N" for "no more" ____

- ____ (1) Employer/union provided (policy holder)
- ____ (2) Employer union provided (dependent)
- ____ (3) Purchased plan directly--not employer/union e.g., medi-gap (policy holder)
- ____ (4) Purchased plan directly--not employer/union (dependent)
- ____ (5) Medicare or other health plan paid for by medicare
- ____ (6) Medicaid or (state name), the government medical plan for persons with low incomes
- ____ (7) CHAMPUS/TRICARE/CHAMPVA
- ____ (8) Military Health
- ____ (9) Indian Health Service
- ____ (10) Other government health insurance plan (specify)
- ____ (11) Covered by someone outside this household
- ____ (12) Not currently covered by health insurance

SPECIFY: _____

FOOD SECURITY

1000. FLASHCARD T

These next questions are about the food eaten in your household in the last 12 months, since (month) 1997, and whether you were able to afford the food you need.

Which of these statements best describes the food eaten in your household in the last 12 months?

IF NECESSARY: READ CATEGORIES

- (1) Enough and the kinds of food we want
- (2) Enough but not always the kinds of food we want
- (3) Sometimes not enough
- (4) Often not enough
- (H) Help

1001. Here are some reasons why people don't always have enough to eat. For each one, please tell me if that is a reason why YOU don't always have enough to eat.

READ LIST

(H) help

Not enough money for food	(1) Yes	(2) No	—
Too hard to get to the store	(1) Yes	(2) No	—
Not able to cook or eat because of health problems	(1) Yes	(2) No	—
No working stove or refrigerator	(1) Yes	(2) No	—

1003. Now I'm going to read you several statements that people have made about their food situation. For these statements, please tell me whether the statement was OFTEN, SOMETIMES, or NEVER true for (you/your household) in the last 12 months.

The first statement is "(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

1004. "The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

Survey of Program Dynamics

1005. "(I/We) couldn't afford to eat balanced meals." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1007. "(I/We) relied on only a few kinds of low-cost food to feed (name/the children) because (I was/we were) running out of money to buy food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1008. "(I/We) couldn't feed (name/the children) a balanced meal, because (I/we) couldn't afford that." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1009. "(Name was/The children were) not eating enough because (I/we) just couldn't afford enough food." Was that often, sometimes, or never true for (you/your household) in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

1010. In the last 12 months, since (MONTH) 1977 did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- (1) Yes
 - (2) No
 - (H) Help
-

1011. How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
- (2) Some months but not every month
- (3) Only 1 or 2 months

Survey of Program Dynamics

1012. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- (1) Yes
 - (2) No
-

1013. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- (1) Yes
 - (2) No
-

1014. In the last 12 months, did you lose weight because you didn't have enough money for food?

- (1) Yes
 - (2) No
-

1015. In the last 12 months, did (you/you or other adults in your household) ever not eat for a whole day because there wasn't enough money for food?

- (1) Yes
 - (2) No
-

1016. How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
 - (2) Some months but not every month
 - (3) Only 1 or 2 months
-

1018. The next questions are about children living in the household who are under 18 years old. In the last 12 months, since (MONTH) 1977, did you ever cut the size of (CHILD'S FIRST NAME/any of the children's) meals because there wasn't enough money for food?

- (1) Yes
 - (2) No
-

1019. In the last 12 months, did (CHILD'S FIRST NAME/any of the children) ever skip a meal because there wasn't enough money for food?

- (1) Yes
- (2) No

Survey of Program Dynamics

1020. How often did this happen---almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
 - (2) Some months but not every month
 - (3) Only 1 or 2 months
-

1021. In the last 12 months, (was CHILD'S FIRST NAME/were the children) ever hungry but you just couldn't afford more food?

- (1) Yes
 - (2) No
-

1022. In the last 12 months, did (CHILD'S FIRST NAME/any of the children) ever not eat for a whole day because there wasn't enough money for food?

- (1) Yes
- (2) No
- (H) Help

CHILD-RELATED QUESTIONS

Ask questions about children under 18 first. Then ask appropriate questions about children 18-20 years old.

PICK_SUBJECT

FR: WHICH OF THE DESIGNATED PARENTS IN THIS HOUSEHOLD DO YOU WANT TO INTERVIEW?

(N) No More or None Available

LINE NO: ____

PICK_RESP

Is (Name) available to answer a few questions now?

- (1) Yes
- (2) No

EXP

FR: Since the designated person is not available, you can either back up and pick another person, or skip to the next section of the questionnaire at this time.

If you skip ahead, you can return to the "Pick Subject" screen at any time, by going to the jump menu (press F4), and entering the number for "Pick Subject."

- (1) Go back to "Pick Subject" screen
- (2) Skip to next section of questionnaire

—

CHILDREN'S SCHOOL ENROLLMENT

PRESCHOL

At any time between SEPTEMBER 1997 and May 1998, was (child name) enrolled in preschool?

INCLUDE PRE-KINDERGARTEN AS WELL AS PRESCHOOL

- (1) Yes
 - (2) No
-

PREMONTH

Since September 1997, which months was (name) enrolled in preschool?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL; USE "0" to ERASE; USE "N" for NO MORE

** 1997 **

___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

** 1998 **

___ 13 JAN
___ 14 FEB
___ 15 MAR
___ 16 APR
___ 17 MAY

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

FROM ___ TO ___ FROM ___ TO ___ FROM ___ TO ___

HEADSTRT

Was this Head Start program?

- (1) Head Start
 - (2) Something else
-

PREPAFOR

Did (you/designated parent or guardian name) pay for (child name)'s preschool?

- (1) Yes
- (2) No

Survey of Program Dynamics

PREHRSWK

How many hours (does/did) (name) usually attend (Head Start/preschool) each week?

__ 1-60

(H) Help

REGSCHOL

At any time between September 1997 and May, 1998 was (name) (also) enrolled in school (or kindergarten)?

INCLUDE KINDERGARTEN, AS WELL AS GRADES 1 TO 12

(1) Yes

(2) No

(H) Help

REGMONTH

Since September 1997, which months was (name) enrolled in school (or kindergarten)?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "A" for ALL; USE "0" to ERASE; USE "N" for NO MORE

** 1997 **

__ 9 SEP
__ 10 OCT
__ 11 NOV
__ 12 DEC

** 1998 **

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__ 14 FEB
__ 15 MAR
__ 16 APR
__ 17 MAY

FROM __ TO __ FROM __ TO __ FROM __ TO __

FROM __ TO __ FROM __ TO __ FROM __ TO __

Survey of Program Dynamics

WHTGRADE

In what grade was (child name) enrolled in May, 1998?

- | | |
|-------------------|--|
| (K) Kindergarten | (07) Seventh grade |
| (01) First grade | (08) Eighth grade |
| (02) Second grade | (09) Ninth grade |
| (03) Third grade | (10) Tenth grade |
| (04) Fourth grade | (11) Eleventh grade |
| (05) Fifth grade | (12) Twelfth grade |
| (06) Sixth grade | (P) Post-secondary (Specify type and level) |
| (H) Help | |

LTIMONYR

In which month and year was (child's name) LAST enrolled in school?

ENTER MONTH AS "01" (JANUARY) THROUGH "12" (DECEMBER)
ENTER YEAR AS "1984" THROUGH "1998"

(XX) Never enrolled in school

MONTH: ____
YEAR: __ __

TYPSCOL

Was (name) enrolled in public or private school?

- (1) Public
- (2) Private (Includes parochial or other religious)
- (3) Other type (specify)

—

Specify: _____

GIFTEDED

Did (name) attend classes for gifted students or do advanced work in any subjects between September 1997 and May, 1998?

- (1) Yes
- (2) No
- (H) Help

Survey of Program Dynamics

EXPULLED

Was (name) suspended or expelled from school at any time between September 1997 and May 1998?

- (1) Yes
 - (2) No
-

TIMESEX

How many times did this happen?

ENTER NUMBER; IF ANSWER IS GREATER THAN 4, ENTER "4"

- (1) Once
 - (2) Twice
 - (3) Three times
 - (4) Four or more times
-

CHSCHOL

Between September 1997 and May, 1998, did (name) change schools?

- (1) Yes
 - (2) No
-

TIMESCHG

Since September 1997 how many times did (name) change schools?

ENTER NUMBER: IF ANSWER IS GREATER THAN 4, ENTER 4

- (1) Once
- (2) Twice
- (3) Three times
- (4) Four or more times

WHYCHANG

Why did (name) change schools since September 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE"
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

(H) Help

- ___ (1) Child moved
- ___ (2) Academic reasons
- ___ (3) Change in assigned school
- ___ (4) Preferred to attend a different school
- ___ (5) Graduated from kindergarten to elementary school
- ___ (6) Graduated from elementary to middle school
- ___ (7) Graduated from middle school to high school
- ___ (8) Other reason (specify)

Specify: _____

ENRICHMENT ACTIVITIES

SPORTS

The next few questions are about activities that (name) may have participated in outside of the regular school day.

Between September 1997 and May, 1998, was (name) on any kind of a sports team?

- (1) Yes
 - (2) No
 - (H) Help
-

LESSONS

Did (name) take lessons after school or on weekends in activities such as music, dance, language, or karate at any time between September 1997 and May, 1998?

- (1) Yes
 - (2) No
 - (H) Help
-

OTHERACT

Did (name) participate in any clubs or organizations after school or on weekends, such as Scouts, school newspaper, (Boys/Girls) club, or a religious group at any time between September 1997 and May, 1998?

- (1) Yes
 - (2) No
 - (H) Help
-

TVRULES

The next few questions are about television viewing.

Are there family rules about how much television or what programs (name) can watch?

INCLUDE BOTH VIDEOS AND TV VIEWING

- (1) Yes
- (2) No
- (X) Family has no television

TVHOURS

Including weekends, how many hours per week does (name) usually watch television?

INCLUDE BOTH VIDEOS AND TV VIEWING

ENTER NUMBER OF HOURS PER WEEK FROM
"0" (DOES NOT WATCH TV) TO "99" (99 HOURS OR MORE)

- (0) Does not watch TV
 - (1-99)
 - (H) Help
-

EDUCATTV

Of the (time/number/99 or more hours/one) (hours/hour) (name) usually spends watching TV per week, how many hours does (he/she) usually spend watching educational programs?

INCLUDE BOTH VIDEOS AND TV VIEWING

ENTER NUMBER OF HOURS PER WEEK FROM "0" (DOES NOT WATCH
EDUCATIONAL PROGRAMS) TO "99" (99 HOURS OR MORE)

- (0) None
- (1-99)
- (H) Help

READTOCH

The next few questions are about activities you (or other family members) may do with (name).

How often in the past week have you (or any family member) read stories to (child's name)?

READ ALL RESPONSE CATEGORIES

- (1) Never
- (2) Once this week
- (3) Several times this week
- (4) Every day or almost every day
- (5) More than once a day

OUTINGCH

How often in the past month, did you (or any family member) take (name) on any kind of outing such as to a park, library, zoo, church, playground, or to visit with friends or relatives?

READ ALL RESPONSE CATEGORIES

- (1) Never
- (2) Once in the past month
- (3) About once a week
- (4) Several times a week
- (5) Every day or almost every day
- (H) Help

CHILDREN'S DISABILITY

CHLDHLTH

These next few questions are about (name's) health. Would you say (his/her) health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

HASDISAB

Have you ever been told by a health professional that (name) has a developmental or learning disability?

- (1) Yes
- (2) No
- (H) Help

HLTHCON6

Does (name) have a health condition that makes it difficult to do things appropriate for (his/her) age?

- (1) Yes
- (2) No

HLTHCOND

Because of a physical, learning, or mental health condition, does (name) currently have any limitation in (his/her) ability to do regular school work?

- (1) Yes
- (2) No
- (H) Help

Survey of Program Dynamics

GETSPED

During the past 12 months, did (name) receive any special education services?

- (1) Yes
 - (2) No
 - (H) Help
-

BEHPROB

Were you ever told by a school or health professional that (name) had an emotional or behavioral problem?

- (1) Yes
 - (2) No
 - (H) Help
-

CDIFSEE

Does (name) have difficulty seeing the words and letters in ordinary newspaper print even wearing glasses or contact lenses?

- (1) Yes
 - (2) No
-

CSEEWROS

Is (name) able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
 - (2) No
-

CSPECAID

Does (name) use any special aids such as a cane, wheelchair, or a hearing aid?

- (1) Yes
 - (2) No
 - (H) Help
-

Survey of Program Dynamics

CTYPEAID

Which type of aid does (name) use?

PROBE: Anything else?

ENTER EACH AID MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Cane
- ____ (2) Wheelchair
- ____ (3) Walker
- ____ (4) Crutches
- ____ (5) Leg brace
- ____ (6) Hearing aid
- ____ (7) Other

CDIFHEAR

Does (name) have any difficulty hearing what is said in a normal conversation with another person (even when using a hearing aid if (he/she) usually wears one)?

- (1) Yes
- (2) No

CHEARNRM

Is (name) able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

CHILDREN'S HEALTH CARE UTILIZATION

CHOSPAT

Between January 1997 and December 1997, was (name) admitted to a hospital for an overnight stay or longer?

- (1) Yes
 - (2) No
-

CTIMEHSP

How many different times was (name) admitted to a hospital for an overnight stay or longer between January 1997 and December 1997?

NUMBER OF TIMES: ____

CREASHSP

What was the reason for (name's) (last) hospital stay in 1997?

ENTER EACH REASON MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE_ENTER THE NUMBER

- ____ (1) Child birth
- ____ (2) Surgery or operation (including bone setting or getting stitches)
- ____ (3) Emergency room/accidental injury
- ____ (4) Mental or emotional problem or disorder
- ____ (5) Drug or alcohol abuse problem or disorder
- ____ (6) Other medical

SPECIFY: _____

CNGHTHSP

How many total nights did (name) spend in a hospital between January 1997 and December 1997?

NUMBER OF NIGHTS: ____

Survey of Program Dynamics

CNODRVST

(Excluding those time when (name) was in the hospital,) How many times did (he/she/name) see a medical doctor or assistant between January 1997 and December 1997?

NUMBER OF TIMES: ____

CNODRTLK

(Excluding this visit/Excluding these visits,) How many times did (you/you or other household members) talk to a medical doctor or assistant about (Name)'s health, between January 1997 and December 1997?

NUMBER OF TIMES: ____

CNODTVST

Between January 1997 and December 1997 how many visits did (name) make to a dentist, including orthodontists, oral surgeons, and dental hygienists?

NUMBER OF VISITS: ____

CVISTPLC

Is there a place that (name) goes if (he/she) is sick or needs advice about (his/her) health?

- (1) Yes
 - (2) No
-

CPLACTYP

To what kind of place did (name) usually go?

- (1) Clinic or health center
- (2) Doctor's office (or HMO)
- (3) Hospital emergency room
- (4) Hospital outpatient department
- (5) Some other place (specify)

Specify: _____

Survey of Program Dynamics

CPAYDREX

The next questions are about medical expenses last month, that is, (date), 1998.

Did you (or anyone in this household) pay any expenses for doctor, dentist, or hospital bills for (name) last month?

DO NOT INCLUDE PRESCRIPTION MEDICINES, PAYMENTS FOR INSURANCE PREMIUMS, OR EXPENSES THAT WILL BE REIMBURSED BY INSURANCE COMPANIES.

NOTE: "PAY" REFERS TO "OUT-OF-POCKET" EXPENSES.

(1) Yes

(2) No

CWHATPA

Not counting amounts that will be reimbursed by insurance, how much was paid for (name's) doctor, dentist or hospital bills last month?

\$ _____

CPAYRX

Did you (or anyone in this household) pay any expenses for prescription medicines for (name) last month?

(1) Yes

(2) No

CWHPARX

Not counting amounts that will be reimbursed by insurance, how much was paid for (name's) prescription medicines last month?

\$ _____

CHILD CARE

CC2BEGIN

The next few questions are about child care arrangements (you/name) (use/uses) for (child name) on a regular basis.

By "regular," I mean at least once a week for a month or more.

(PRESS ENTER)

CAREARR FLASHCARD Y

(In addition to school, please/Please) tell me which of these (you/name) used for (child's name) on a regular basis between January 1997 and May 1998.

ENTER THE ITEM NUMBER TO MARK OR UNMARK EACH CHOICE. (H) Help
ENTER "N" WHEN THERE ARE NO MORE CHANGES. —

- (1) Child's other parent/stepparent cared for child while (fill name of designated parent) was at (work/school/work training/looking for work)
- (2) (Fill name of designated parent) cared for child while (you/he/she) (was/were) at (work/school/work training/looking for work)
- (3) Child's brother or sister
- (4) Child's grandparent
- (5) Any other relative
- (6) Family day care home (caring for 2+ kids in provider's home)
- (7) A non-relative such as a friend, neighbor, sitter or nanny

If child less than or equal to 5

- (8) Child care/day care center or nursery school/preschool
- (9) Federally-funded Head Start program

If child greater than 5

- (11) Before or after school care

If child greater than 6

- (12) Child cares for SELF
- (13) Any other type of arrangement (Specify below)
- (14) No regular arrangement

THE INSTRUMENT CYCLES THROUGH THE NEXT SERIES OF QUESTIONS FOR EACH TYPE OF ARRANGEMENT MARKED IN CAREARR, AS APPROPRIATE. THE WORDING WILL VARY IN EACH QUESTION SERIES. THERE ARE 14 DIFFERENT VARIATIONS OF THESE QUESTIONS, BUT ALL ARE SIMILAR AND OBTAIN MUCH THE SAME TYPE OF INFORMATION. (THIS SECTION WOULD BE VERY COMPLICATED WITH MUCH DUPLICATION IF ALL ITEMS IN THIS SERIES WERE SHOWN.) THE SERIES SHOWN IN THE ITEMS BOOKLET ASSUMES THAT 5, 9, AND 14 ARE SELECTED IN CAREARR. ALSO, NOTE THE ITEM NUMBERS DO NOT MATCH THE PRECODES SELECTED IN CAREARR.

AR6MNTHS

Between January, 1997 and May, 1998, which months has (child's name) been cared for by an other relative?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE;
USE "A" FOR ALL; USE "0" TO ERASE; USE "N" FOR NO MORE.

**** 1997 ****

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

**** 1997 ****

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

**** 1998 ****

___ 13 JAN
___ 14 FEB
___ 15 MAR
___ 16 APR
___ 17 MAY

FROM ___ TO ___
FROM ___ TO ___

FROM ___ TO ___
FROM ___ TO ___

FROM ___ TO ___
FROM ___ TO ___

Survey of Program Dynamics

AR6HRSWK

DURING MAY, 1998, how many hours per WEEK did **(CHILD)'s** other relative usually care for (him/her)?

<1-99> Enter actual hours

(H) Help

___ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

<1> Yes

<2> No

or

Of those (number) hours per week, how many of them were while (you/name) (were/was) at (work/school/work training/looking for work)?

<0-99> Enter actual hours

___ hours per week

RE6WHERE

Did this relative usually care for (CHILD) in (CHILD)'s home, the relative's home, or someplace else?

IF NECESSARY: Where was (CHILD) cared for most of the time?

<1> Child's home

<2> Relative's home (relative doesn't live with child)

<3> Someplace else

(H) Help

Survey of Program Dynamics

RESP6PAY

How much, if anything, did (you/name) pay for this arrangement for May 1998?

ARRANGEMENT: other relative

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK
RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, <0> FOR NOTHING, OR <NC> FOR NON-CASH
AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING
CHILD CARE.

(H) Help

READ IF NECESSARY: Was that per hour, day, week, every two weeks,
month, or year?

<1> Hour	<4> Every two weeks
<2> Day	<5> Month
<3> Week	<6> Year

PAY6_ER

You have said that you paid \$(amount), per (time period) for care by other relatives. Is
that correct?

<1> Yes, continue
<2> No, make a correction

Survey of Program Dynamics

ELSEPAY6

Did anyone else pay for part or all of the cost of this child care arrangement?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

<1> Yes

<2> No

Who or what agency helped pay for this arrangement?

(MARK "X" ALL THAT APPLY.)

(H) Help

☐ 1 Government (Federal, state, or local government agency, or welfare office)

☐ 2 Child's other parent (parent doesn't live with child)

☐ 3 Employer

☐ 4 Other (Please specify below)

A10MNTHS

Between January, 1997 and May, 1998, which months has (CHILD) been enrolled in Head Start?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE;
USE "A" FOR ALL; USE "0" TO ERASE; USE "N" FOR NO MORE.

** 1997 **

☐ 1 JAN

☐ 2 FEB

☐ 3 MAR

☐ 4 APR

☐ 5 MAY

☐ 6 JUN

** 1997 **

☐ 7 JUL

☐ 8 AUG

☐ 9 SEP

☐ 10 OCT

☐ 11 NOV

☐ 12 DEC

** 1998 **

☐ 13 JAN

☐ 14 FEB

☐ 15 MAR

☐ 16 APR

☐ 17 MAY

FROM ☐ TO ☐
FROM ☐ TO ☐

FROM ☐ TO ☐
FROM ☐ TO ☐

FROM ☐ TO ☐
FROM ☐ TO ☐

A10HRSWK

DURING MAY, 1998, how many hours per WEEK did (CHILD) usually attend Head Start?

<1-99> Enter actual hours
___ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

<1> Yes
<2> No

or

Of those (number) hours per week, how many of them were while (you/name) (were/was) at (work/school/work training/looking for work)?

<0-99> Enter actual hours
___ hours per week

Survey of Program Dynamics

RES10PAY

How much, if anything, did (you/name) pay for this program for May 1998?

PROGRAM: Head Start

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK
RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, <0> FOR NOTHING, OR <NC> FOR NON-CASH
AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING
CHILD CARE.

READ IF NECESSARY: Was that per hour, day, week, every two weeks, month, or
year?

- | | |
|----------|---------------------|
| <1> Hour | <4> Every two weeks |
| <2> Day | <5> Month |
| <3> Week | <6> Year |

—

PAY10_ER

You have said that you paid \$(amount), per (time period) for Head Start. Is that correct?

- <1> Yes, continue
- <2> No, make a correction

Survey of Program Dynamics

ELSEPAY10

Did anyone else pay for part or all of the cost of this program?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

- <1> Yes
<2> No

Who or what agency helped pay for this arrangement?
(MARK "X" ALL THAT APPLY.)

- ☐ 1 Government (Federal, state, or local government agency, or welfare office)
☐ 2 Child's other parent (parent doesn't live with child)
☐ 3 Employer
☐ 4 Other (Please specify below)
- _____

RESP0

Sometimes it is difficult to make arrangements to look after children all of the time, such as before or after school.

Did (**CHILD**) stay by (himself/herself) on a regular basis even for a small amount of time?

IF NECESSARY: By regular basis, I mean at least once a week.

- <1> Yes
<2> No

Survey of Program Dynamics

RE0MNTHS

Between January, 1997 and May, 1998, which months, if any, did **(name)** stay by (himself/herself) on a regular basis?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD OF CARE;
USE "A" FOR ALL; USE "0" TO ERASE; USE "N" FOR NO MORE.

** 1997 **

___ 1 JAN
___ 2 FEB
___ 3 MAR
___ 4 APR
___ 5 MAY
___ 6 JUN

** 1997 **

___ 7 JUL
___ 8 AUG
___ 9 SEP
___ 10 OCT
___ 11 NOV
___ 12 DEC

** 1998 **

___ 13 JAN
___ 14 FEB
___ 15 MAR
___ 16 APR
___ 17 MAY

FROM ___ TO ___
FROM ___ TO ___

FROM ___ TO ___
FROM ___ TO ___

FROM ___ TO ___
FROM ___ TO ___

RE0HRSWK

DURING MAY, 1998, how many hours per WEEK did (you/name) usually care for (him/her)?

<1-99> Enter actual hours
___ hours per week

or

Was that 1 hour per week while (you/name) (was/were) at (work/school/work training/looking for work)?

<1> Yes
<2> No

or

Of those (number) hours per week, how many of them were while (you/name) (were/was) at (work/school/work training/looking for work)?

<0-99> Enter actual hours
___ hours per week

Survey of Program Dynamics

REOWHERE

Did **(CHILD)** usually stay by (himself/herself) in your home, some other home, or someplace else?

IF NECESSARY: Where did (name) care for (himself/herself) most of the time?

- <1> Child's home
 - <2> Other home
 - <3> Someplace else
-

ALLCCPAY

These next few questions are about last year, that is, from January through December 1997.

What is the TOTAL AMOUNT that (you/designated parent or guardian Name) paid for ALL child care arrangements for (child Name) from January through December 1997?

IF COST COVERED MORE THAN ONE CHILD IN THIS HOUSEHOLD, ASK RESPONDENT TO SPLIT AMOUNT AMONG THE CHILDREN.

ENTER DOLLAR AMOUNT, <0> FOR NOTHING, OR <NC> FOR NON-CASH AGREEMENTS SUCH AS PROVIDING ROOM AND BOARD OR EXCHANGING CHILD CARE.

(H) Help

\$ _____

AELSEPAY

From January through December 1997, did anyone else pay for part or all of the cost of (child Name's) child care?

IF NECESSARY: By this I mean a government agency, an employer, a relative or friend.

- (1) Yes
- (2) No
- (H) Help

Survey of Program Dynamics

AWHOPAY

Who or what agency helped pay for (CHILD)'s
child care arrangements during 1997?

(MARK "X" ALL THAT APPLY.)

(H) Help

- ☐ 1 Government (Federal, state, or local government
agency, or welfare office)
 - ☐ 2 Child's other parent (parent doesn't live with child)
 - ☐ 3 Employer
 - ☐ 4 Other (Please specify below)
-

YTIMELST

Last year, did (you/designated parent) lose any time from work because (your/his/her)
usual child care provider was unavailable to care for (CHILD)? This DOES NOT
INCLUDE times when (CHILD) was sick and couldn't be cared for by the usual child
care provider.

- (1) Yes
 - (2) No
 - (H) Help
-

How much time did (you/designated parent) lose from work?

READ IF NECESSARY: Is that hours, days, weeks, or months?

- | | |
|-----------|------------|
| (1) Hours | (3) Weeks |
| (2) Days | (4) Months |

Survey of Program Dynamics

NOCCPROV

Did (you/designated parent) lose any time from work last year because (you/he/she) couldn't find a child care provider for (CHILD)?

- (1) Yes
- (2) No
- (H) Help

—

How much time did (you/designated parent) lose from work?

—

IF NECESSARY: Is that hours, days, weeks, or months?

- | | |
|-----------|------------|
| <1> Hours | <3> Weeks |
| <2> Days | <4> Months |

—

CCCHANGE

How many times SINCE JANUARY 1997 has (CHILD) changed from one child care provider to another?

(H) Help

___ changes

CHILD SUPPORT AGREEMENT

CHAVPAR

Does (name) have a (father/mother/father or mother) who lives outside of this house?

- (1) Yes
- (2) No
- (H) Help

WHORESP

LN NAME AGE

List names

Who in this household is legally responsible for (CHILD)?

ENTER LINE NUMBER OR "N" IF NO ONE RESPONSIBLE

WHYNOPAR

Why does (name) not have a (father/mother) living outside this house?

- (1) Died, deceased
- (2) Both parents live in household
- (3) Separated, divorced
- (4) (Father/Mother) doesn't want contact
with (father/mother)
- (5) (Father/Mother) doesn't know where
(father/mother) is
- (6) Child was adopted by a single parent
- (7) (Name)'s (mother/father) is no longer (his/her)
legal (mother/father)
- (8) Other
- (H) Help

Survey of Program Dynamics

OTHNOPAR

- (1) In jail
- (2) Lives in another country
- (3) Artificial insemination; anonymous sperm donor
- (4) Not sure who father is
- (5) Trying to establish paternity
- (6) Other (specify)

Specify: _____

CURAGREE

Is there any kind of legal arrangement that says that (name's) (father/mother) should provide any kind of financial support for (him/her)?

- (1) Yes
- (2) No
- (3) Legal arrangement pending
- (4) There is an arrangement, but respondent doesn't know if it is legal
- (H) Help

EVERAGRE

Has there ever been any other kind of agreement or understanding that says that (name's) (father/mother) should help support (him/her)?

- (1) Yes
- (2) No
- (H) Help

SAMEAGRE

(Was CHILD'S NAME/Were any of (your/name's) other children) ever covered by the same agreement as (current child's name)?

- (1) Yes
- (2) No
- (H) Help

Survey of Program Dynamics

WHCHCHLD Which other children were covered by this agreement? ENTER AS MANY LINE NUMBERS AS NEEDED OR "N" FOR NO MORE. RE-ENTER THE NUMBER TO "UNMARK" A LINE NUMBER. LINE NUMBER: ____	LN NAME AGE ----- SHOW ROSTER OF CHILDREN UNDER AGE 21
---	---

AGREESUP
Did this (legal agreement/agreement) ever say that (name's) (father/mother) should make child support payments?

(1) Yes
(2) No
(H) Help

EVERLEGL
An agreement about child support can be made legal by going through a court, before a judge, or through an official legal process.

Was this agreement about child support payments for (name) ever made legal?

(1) Yes
(2) No

PREAGREE
Some parents agree to the amount of child support before making the agreement legal.

Did (you/name) and (child name)'s (mother/father) do this?

(1) Yes
(2) No

Survey of Program Dynamics

SHLDPAY

Between January 1 and December 31, 1997 was (name's) (father/mother) supposed to make any child support payments for (name)?

- (1) Yes
 - (2) No
 - (3) Yes, if (he/she) had a job
 - (4) Don't know because Child Support Enforcement Office filed the paper work
 - (H) Help
-

WHYNOPAY

Why was that?

- (1) Child too old in 1997
 - (2) Other parent died before 1997
 - (3) Family lived together in all or part of 1997
 - (4) Child lived with other parent in all or part of 1997
 - (5) Other (specify)
 - (H) Help
-

Specify: _____

DEDCTPAY

During 1997, were any of the child support payments supposed to be deducted from (his/her) paycheck?

- (1) Yes
- (2) No

Survey of Program Dynamics

PAYFRQ

The following questions ask about the child support (list names of children covered by this agreement)'s (father/mother) was SUPPOSED to pay.

During 1997, how often was (he/she) SUPPOSED to make these payments?

PROBE IF NEEDED: Would that be every week, every month, or some other way?

- (1) Weekly
- (2) Every other week
- (3) Twice a month
- (4) Monthly
- (5) Quarterly
- (6) Yearly
- (7) Other (Specify)
- (H) Help

—

Specify: _____

WKSHLD

How many weeks were payments SUPPOSED to be made in 1997?

(ENTER NUMBER OF WEEKS)

___ Weeks

MNTHPAY

(Was/Were) (you/name) suppose to receive payments every month during 1997 or for only some months?

- (1) Every month in 1997
- (2) Only some months

Survey of Program Dynamics

MNTHPAID

Which months (were/was) (you/name) supposed to receive payments in 1997?

ENTER "FROM (MONTH) TO (MONTH)" FOR EACH PERIOD;
USE "0" to ERASE, USE "N" for NO MORE

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

FROM ____ TO ____

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUNE

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

QMNTHPAID

Which months were the quarterly payments SUPPOSED to be made?
PROBE: What other month?

ENTER MONTH NUMBER OR "N" FOR NO MORE

____ 1 JAN
____ 2 FEB
____ 3 MAR
____ 4 APR
____ 5 MAY
____ 6 JUNE

____ 7 JUL
____ 8 AUG
____ 9 SEP
____ 10 OCT
____ 11 NOV
____ 12 DEC

____ _

AMNTPAID

How much was the (weekly/every other week's/twice monthly/monthly/quarterly/yearly) payment SUPPOSED to be during 1997?

AMOUNT: \$_____.00

CALCDOLL

According to my calculations (name/you) should have received (total) dollars in child support for (name/names of children) in 1997. Is that correct?

- (1) Yes
- (2) No
- (H) Help

Survey of Program Dynamics

CORRDOLL

What is your best estimate of the amount (name/you) (was/were) supposed to receive in child support for (name/names of children) in 1997?

(H) Help

AMOUNT: \$ _____ .00

PAYCORR

Earlier you told me (you/name) actually received (AMOUNT) dollars in child support in 1997. Is that correct?

(1) Yes

(2) No

DOLLREC

How much child support did (you/name) **actually** receive altogether from January through December 1997 for (name/names of children)?

AMOUNT: \$ _____ .00

WHOPAID

During 1997, were the payments sent to (you/name) by the welfare or child support agency, by a court, or did the payments come irectly from (name/names of children)'s (father/mother), (his/her) place of employment?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

(H) Help

- ____ (1) Welfare or child support agency
- ____ (2) Court
- ____ (3) Directly from other parent
- ____ (4) Other parent's place of employment
- ____ (5) Other (specify)

SPECIFY: _____

WHYNOLEG

FLASHCARD X

Why is there no legal agreement to help support (name)?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Legal paternity not established
- ____ (2) Unable to locate parent
- ____ (3) Do not want child support
- ____ (4) Did not pursue agreement
- ____ (5) Other (specify)

SPECIFY: _____

Survey of Program Dynamics

ASKHELP

(Have/Has) (you/name) ever asked a public agency such as the child support enforcement office or welfare agency for help in obtaining child support under this (legal agreement/agreement)?

- (1) Yes
- (2) No

YEARASK

In what year did (you/name) last ask for help?

— — — —

TYPEHELP

What type of help did (you/name) ask for?

ENTER EACH TYPE MENTIONED OR "N" FOR "NO MORE": ____
TO "UNMARK" AN ENTRY, RE-ENTER THE NUMBER

- ____ (1) Locate other parent
- ____ (2) Establish paternity
- ____ (3) Establish support obligation
- ____ (4) Establish medical support
- ____ (5) Enforce support order
- ____ (6) Modify an order
- ____ (7) Other (specify)

SPECIFY: _____

LEGLCUST FLASHCARD Y

What child custody arrangements does this legal agreement specify?

- (1) Joint legal and physical custody
- (2) Joint legal custody with mother physical custody
- (3) Joint legal custody with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other (specify)
- (H) Help

Specify: _____

Survey of Program Dynamics

CUSTAGRE

Is there an agreement regarding custody of (name/names of children)?

- (1) Yes
 - (2) No
-

WHATCUST

What child custody arrangements does this agreement specify?

- (1) (Child/Children) (lives/live) with mother
- (2) (Child/Children) (lives/live) with father
- (3) (Child/Children) (lives/live) with mother and father
- (4) None
- (5) Other (specify)
- (H) Help

Specify: _____

CONTACT WITH ABSENT PARENT

LSTCONTK

In what month and year did (name) last have contact of any kind, including phone calls, letters, or face-to-face contact with (his/her) (mother/father)?

(X) (Never seen (mother/father))

MONTH: __

YEAR: (1977-1998) _ _ _ _

WHERLIVE

Do you and (name)'s (father/mother) live in the same state?

- (1) Yes
- (2) No

Do you and (name)'s (mother/father) live in the same county or city?

- (1) Yes
 - (2) No
-

MOTALKPH

FLASHCARD Z

How often does (name) talk to (his/her) (mother/father) on the phone?

- (1) Never
- (2) Once or twice a year
- (3) Several times a year but less than once a month
- (4) Once or twice a month
- (5) Once a week
- (6) Several times a week
- (7) Everyday or almost everyday

MOGETLTR

FLASHCARD Z

How often does (name) get a letter, card, or email from (his/her) (father/mother)?

- (1) Never
- (2) Once or twice a year
- (3) Several times a year but less than once a month
- (4) Once or twice a month
- (5) Once a week
- (6) Several times a week
- (7) Everyday or almost everyday

MODAYSEE

FLASHCARD Z

How often does (name) see (his/her) (mother/father)?

- (1) Never
- (2) Once or twice a year
- (3) Several times a year, but less than once a month
- (4) Once or twice a month
- (5) Once a week
- (6) Several times a week
- (7) Everyday or almost everyday

MONIGHTS

FLASHCARD Z

How often does (name) stay overnight with (his/her) (mother/father) ?

- (1) Never
- (2) Once or twice a year
- (3) Several times a year but less than once a month
- (4) Once or twice a month
- (5) Once a week
- (6) Several times a week
- (7) Every day or almost every day

MOTHER'S WORK SCHEDULE

DMWORK

The next few questions are about (your/mother's name/designated parent) usual work schedule and child care arrangements.

DURING May, 1998, did you do any work for pay or profit?

NOTE: INCLUDE WORK DONE FOR PAY OR PROFIT AT HOME.

(1) Yes

(2) No

MOMSJOBS

DURING May, 1998, did (you/mother's name/designated parent) have more than one job including part-time, evening, or weekend work?

(1) Yes

(2) No

MWKHRSWK

DURING May, 1998, how many hours per week did (you/mother's name/designated parent) usually work (at all jobs)?

<0-99> Enter actual hours

<V> Hours varied [missing]

__ hours per week

Survey of Program Dynamics

MOMSDAYS

Which days did (you/mother's name/designated parent) usually work at (his/her/your) (MAIN) job? By MAIN job, I mean the one at which (you/he/she) worked the most hours.

- (1) Regular Monday through Friday
- (2) Other regular daily schedule

(MARK "X" ALL DAYS USUALLY WORKED, BELOW)

- (3) No usual schedule

—

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday

MOMSCHE

FLASHCARD W

Which ONE of the following best describes (your/mother's name/designated parent) usual weekly work schedule at (your/his/her) MAIN job during May, 1998?

READ ALL RESPONSES

- (1) Regular daytime schedule
- (2) Regular evening shift
- (3) Regular night shift
- (4) Rotating shift (one that changes regularly from days to evenings to nights)
- (5) Split shift (one consisting of two distinct periods each day)
- (6) Irregular schedule (one that changes from day to day)
- (7) Other (please SPECIFY below)

—

DMLOOK FLASHCARD X

READ FLASHCARD TO RESPONDENT IF NECESSARY

During May, 1998, did (you/mother's name/designated parent) do any of these things to look for (a/another) job?

- (1) Yes, at least one of these
- (2) No, none of these

Survey of Program Dynamics

MLKHRSWK

DURING May, 1998, how many hours per week did (you/mother's name/designated parent) usually spend looking for (a/another) job?

<0-99> Enter actual hours

<V> Hours varied [missing]

__ hours per week

DMSCHOOL

DURING May, 1998, did (you/mother's name/designated parent) attend school?

(1) Yes

(2) No

MSCHRSWK

DURING May, 1998, how many hours per week did (you/mother's name/designated parent) usually spend at school?

<0-99> Enter actual hours

<V> Hours varied

__ hours per week

DMTRAIN

DURING May, 1998, did (you/mother's name/designated parent) attend job training?

(1) Yes

(2) No

MTRHRSWK

DURING May, 1998, how many hours per week did (you/mother's name/designated parent) usually spend at job training?

<0-99> Enter actual hours

<V> Hours varied [missing]

__ hours per week

MARITAL RELATIONSHIP AND CONFLICT

1599

I am going to turn the computer around and let you enter your answers to these last few questions yourself. After typing the number of your answer, press "ENTER" to proceed to the next question.

PRESS ENTER TO PROCEED AND THEN TURN COMPUTER TOWARD RESPONDENT

Q1600

Taking things all together, how happy are you with your relationship with your (spouse/partner)--are you completely happy, mostly happy, somewhat happy, or not too happy?

- (1) Completely happy
 - (2) Mostly happy
 - (3) Somewhat happy
 - (4) Not too happy
-

Q1601.

How often have you and your spouse/partner discussed or considered separating during the past few months -- often, sometimes, hardly ever or never?

- (1) Often
- (2) Sometimes
- (3) Hardly ever
- (4) Never

PARENTAL DEPRESSION SCALE

Q1602

The following questions are asked to find out about feelings you may have experienced over the past 30 days. There are no right or wrong answers. Choose the answer that best describes how often you felt or behaved this way for each statement during the past 30 days.

During the past 30 days, how often did you feel so sad that nothing could cheer you up? Would you say:

- (1) All of the time
- (2) Most of the time
- (3) Some of the time
- (4) A little of the time
- (5) None of the time

Q1604. During the past 30 days, how often did you feel nervous? Would you say:

- (1) All of the time
- (2) Most of the time
- (3) Some of the time
- (4) A little of the time
- (5) None of the time

Q1605. During the past 30 days, how often did you feel restless or fidgety? Would you say:

- (1) All of the time
- (2) Most of the time
- (3) Some of the time
- (4) A little of the time
- (5) None of the time

Survey of Program Dynamics

Q1606. During the past 30 days, how often did you feel hopeless? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

Q1607. During the past 30 days, how often did you feel that everything was an effort? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

Q1608. During the past 30 days, how often did you feel worthless? Would you say:

- (1) All of the time
 - (2) Most of the time
 - (3) Some of the time
 - (4) A little of the time
 - (5) None of the time
-

1609. You just answered questions about a number of feelings you may have had during the past 30 days. Altogether, how **much** did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- (1) A lot
 - (2) Some
 - (3) A little
 - (4) Not at all
-

1609b

You have completed these questions. Please turn the computer back to the interviewer.

—

THE BACK

CALLBACK DATES AND BREAK OFFS

FIN

THIS CASE IS NOT COMPLETED

PRESS **F1** TO RETURN TO THE PREVIOUS SCREEN

OR

ENTER **(X)** TO EXIT THE INTERVIEW

(X) To Exit

SKIPAVAIL1

The following people were skipped in the Employment & Earnings sections.

SHOW HH MEMBERS WHO ARE OLDER THEN AGE 15 YEARS

If available now, enter the person's line number to resume the interview with that person. Otherwise, enter N, for no one available.

(N) No one available

LINE NO: ____

Survey of Program Dynamics

SKIPAVAIL2

The following people were skipped in the Income Sources section.

SHOW HH MEMBERS WHO ARE OLDER THEN AGE 15 YEARS

If available now, enter the person's line number to resume the interview with that person. Otherwise, enter N, for no one available.

(N) No one available

LINE NO: ____

SKIPAVAIL3

The following people were skipped in the Educational Enrollment, Work Training, Disability, and Health Care Utilization sections.

SHOW HH MEMBERS WHO ARE OLDER THEN AGE 18 YEARS

If available now, enter the person's line number to resume the interview with that person. Otherwise, enter N, for no one available.

(N) No one available

LINE NO: ____

SA4

The child care questions and followup questions were not completed for the parents/guardians listed below:

SHOW ONLY HH MEMBER'S WHO ARE PARENTS/GUARDIANS

Enter a 1 below to return to complete that section, or enter an N if it is not possible to complete that section at this time.

- (1) To return to the Child Care Section
- (N) Not possible to complete now, continue

Survey of Program Dynamics

NEWR1

FR: WHO IS THE RESPONDENT?
(MUST BE 15 OR OLDER)

LINE: ____

LINE NAME

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

NEWR2

FR: WHO IS THE RESPONDENT?
(MUST BE 15 OR OLDER)

LINE: ____

LINE NAME

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

NEWR3

FR: WHO IS THE RESPONDENT?
(MUST BE 15 OR OLDER)

LINE: ____

LINE NAME

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

Survey of Program Dynamics

EM3A

A respondent must be 15 or older. This person is listed as (AGE) years old.

An age has not been determined for this person. Verify that this person is 15 or older before continuing.

- (1) To continue with this person (must be 15)
- (2) To pick another respondent

—

RECALL2

PEOPLE WITH INCOMPLETE LABOR FORCE

LINE

NAME

roster persons

TYPEZ

PEOPLE WITH INCOMPLETE LABOR
FORCE

FR: The people listed on the right
have not completed the
Employment & Earnings Section.

LINE

NAME

If you enter their line number
on this screen, you will make
them a TYPE Z. If you don't
want to make anyone a Type Z,
enter N.

Enter N when you are done
entering line numbers for the
Type Zs.

(N) No Type Zs, or no more to
enter

Line: ____

(#COMMENT: If Line No. doesn't match with roster's display an error message: MUST BE A VALID LINE NUMBER)

Survey of Program Dynamics

FU

FR: Do you plan to do additional followup for missing data remaining in this case?

- (1) Yes
 - (2) No
- _____

HHRECAP_2

During our last visit, we recorded the following information.

NAME ON ADVANCE LETTER:

BEST TIME TO CALL:

TELEPHONE NUMBER:

Is this information still correct?

- (1) Yes
 - (2) No
- _____

HHRECAP_3

Let me ask you: To whom should we mail our next advance letter?
(Type the correct information, or press (bold)ENTER , if correct)

NAME ON ADVANCE LETTER: _____(First) _____(Last)

What is the best time to call you? _____

What is your telephone number? (____) ____-____ (EXT)

Survey of Program Dynamics

CPRECAP1

During our last visit, we recorded the following information about persons to contact if we couldn't reach you. You told us to contact ...

NAME 1: Name
 Address
 Relationship

TELEPHONE NO.:

ONLY SHOW WHEN CONTACT PERSONS ARE MORE THEN ONE

NAME 2: Name
 Address
 Relationship

- (1) Change information for Contact Person #1
- (2) Change information for Contact Person #2
- (P) PROCEED - All information correct

—

SHOW OPTION #2 WHEN CONTACT PERSONS ARE MORE THEN ONE

CPR1

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____

Current telephone: (____) ____ - ____ Ext: __

Survey of Program Dynamics

CPR2

Type the correct information or, if correct, press the **ENTER** key.

Current name: _____

Relationship (Please indicate to whom this person is related):

Current Rel: _____

Current address: _____
_____ ST) _____ - _____

Current telephone: (____) ____ - ____ Ext: _____

TELHHD

Since households included in this survey are interviewed again in 4 months, we may attempt to conduct the followup interview by telephone.

Is there a telephone in this house/apartment?

- (1) Yes
- (2) No

Survey of Program Dynamics

TELA VL

Is there a telephone elsewhere on which people in this household can be contacted?

- (1) Yes
- (2) No

TELWHR

Where is this phone located?

TELP HN

What is the telephone number of the phone where you would like to be called?

in Area Code: _____) New Number: _____ - _____

EXT: _____ **IF NO EXTENSION, PRESS ENTER**

IS THIS A HOME OR OFFICE NUMBER?

- (1) Home
- (2) Office

PHONEO

Is a telephone interview acceptable?

- (1) Yes
- (2) No
- (3) No phone available

(#COMMENT: COLLECTS THE BEST TIME TO CALL TO CONDUCT AN INTERVIEW NEXT TIME

BESTTIM

When is the best time to contact you?

CONTACT PERSON INFORMATION

CPNAME1

Please, give me the name, address, and telephone number
of a close relative or friend who would know how to
reach you if we are unable to contact you.

Please, begin with that person's first name.

(0) NO CONTACT PERSON INFORMATION AVAILABLE

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____

CPRELAT1

What is that person's relationship to you?

CPADDRS1

What is that person's address?

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

CPPHONE1

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: _____ New Number: _____ - _____

EXT: _____ **IF NO EXTENSION, PRESS ENTER**

MORECP1

Is there another person who would know how to
reach you?

- (1) Yes
- (2) No

Survey of Program Dynamics

CPNAME2

Please, give me the name, address, and telephone number
of a close relative or friend who would know how to
reach you if we are unable to contact you.

Please, begin with that person's first name.

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____

CPRELAT2

What is that person's relationship to you?

CPADDRS2

What is that person's address?

STREET ADDRESS: _____

STREET ADDRESS: _____

CITY: _____

STATE: ____ (H) HELP

ZIP CODE: _____

Survey of Program Dynamics

CPPHONE2

What is that person's telephone number?

(N) NO TELEPHONE NUMBER AVAILABLE

Area Code: _____

New Number: _____ - _____

EXT: _____ **IF NO EXTENSION, PRESS ENTER**

LTRADDR

*****ENTER THE NAME OF THE PERSON IN THIS
HOUSEHOLD TO WHOM CORRESPONDENCE SHOULD BE SENT*****

*****ASK IF NOT APPARENT*****

IF FULL NAME IS THE SAME AS THE REFERENCE PERSON,
ENTER (S) IN FIRST NAME.

FIRST NAME _____
MIDDLE NAME _____
LAST NAME _____

TRANS

ARE YOU READY TO TRANSMIT THIS CASE?

- (1) Yes
- (2) No

NOWTYPEA

**** DO NOT READ TO RESPONDENT****

THIS IS NOW A TYPE A- (Type)

PRESS ENTER TO CONTINUE

Survey of Program Dynamics

WHYTYPZ6

No survey data were collected for (NAME).
Enter the reason that best describes why
(NAME)'s survey data were not collected.

- (1) Person was ill or in the hospital
 - (2) Person was temporarily away from home
 - (3) Refused
 - (4) Other (specify)
- _____

WHYSP6

Enter other reason survey data was not collected.

NONSMPL

This case is no longer in the SPD sample; please re-enter this case and enter code 36 on the TYPEABC screen to close it out.

If you believe you have reached this screen in error, press F1 and change the answer on the screen UNIT_CMB to 1.

Press F1 to back up and make corrections, or press ENTER to exit this case.

___ (PRESS ENTER)

CALLBACK APPOINTMENT SCREEN

***HOUSEHOLD MEMBERS STILL NEEDING TO BE
INTERVIEWED***

APPTOTH

I'd like to schedule an appointment visit to finish the interview. What DATE AND TIME would be best to contact you again to (conduct the interview/collect the missing information/complete the interview?

PROBE: May I contact you later today?

TODAY IS: ***FILL WITH CURRENT DAY AND TIME.***

THANKCB

Thank you for your help.

I will contact you at the time suggested.

REVISIT DATE: ***FILL WITH CALLBACK TIME/DATE***

PRESS ENTER TO CONTINUE

—

CLOSING SCREENS

THANKYOU

Thank you for your cooperation.

PRESS ENTER TO END INTERVIEW

—

MODECOLL

FR CHECK ITEM:

Was the majority of this interview done by
personal interview, or by telephone interview?

- (1) Personal interview
- (2) Telephone interview

—

CHECKOUT AND CALL RECORD

VISITCNT

FR: How many times have you attempted personal contact with this household (and actually visited the address)?

___ <0-99>

How many times have you attempted to contact this household by telephone?

___ <0-99>

**SHOW ONLY IF ATTEMPTED TO CONTACT BY TELEPHONE IS GREATER
THEN 0**

Was the majority of this interview done by personal interview, or by telephone interview?

- (1) Personal interview
- (2) Telephone interview

Enter brief notes about this case that could help with the next interview.

(N) No notes needed, or finished entering notes

[illegible]

INOTES_2

UP ARROW = UP one line

(2) Revise notes

(3) Replace all notes

[illegible]

Survey of Program Dynamics

INOTES_3 (window 3 no border)

Enter brief notes about this case that could help with the next interview.

(N) No notes needed, or finished entering notes

SHOWFINAL

THIS SCREEN IS PRESENT FOR TESTING PURPOSES ONLY!
IT WILL BE REMOVED FOR PRODUCTION.

OUTCOME =

ACTION =

MARK =

MARKTWO =

__ (PRESS ENTER)

SPD-18008
Adolescent Self-Administered Questionnaire
Survey of Program Dynamics

Hello. This is (name) from the U.S. Bureau of the Census. Your family recently participated in the Survey of Program Dynamics. To complete the survey, I need to speak with _____ (and _____). Is he/she available now?

As part of the Survey of Program Dynamics, we are asking questions of adolescents 12-17 years old. Your parent or guardian participated in a different part of the study. The questions asked of you will be about household chores, school work, your relationship with your parents, dating, and other similar issues. Your participation is voluntary; however, it is very important that we interview as many young people as possible. This is not a test and there are no right or wrong answers. I left an answer booklet at your home when I visited. If you would like to go get it, I'll be happy to wait.

Take your time and please be sure to answer each question based on what you really think.

Your privacy is very important to us. No one except Census Bureau employees will be able to see your answers.

Survey of Program Dynamics

I will read a question followed by a series of answer choices. For each question, tell me which answer choice best applies to you.

The first questions are about family routines.

1. How many times a week do you usually eat dinner together as a family?

READ CATEGORIES

- ☐ Never
 - ☐ Less than once a week
 - ☐ 1 - 2 times a week
 - ☐ 3 - 5 times a week
 - ☐ Everyday or almost everyday
-

2. During the school year, how many times a week do you usually get your home work done on time?

- ☐ Never
 - ☐ Less than once a week
 - ☐ 1 - 2 times a week
 - ☐ 3 - 5 times a week
 - ☐ Everyday or almost everyday

 - ☐ Does not apply -- not in school--SKIP TO ITEM 5
-

3. During the school year, how often are you usually late for school?

READ CATEGORIES

- ☐ Never
 - ☐ Once a month
 - ☐ Once every two weeks
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday
-

4. During the school year, how often are you usually late for a class?

- ☐ Never
- ☐ Once a month
- ☐ Once every two weeks
- ☐ Once a week
- ☐ Several times a week
- ☐ Everyday

Survey of Program Dynamics

5. Next, I will read a list of jobs some people do at home. After I read a job, please tell me how often you do that job. The first job is cleaning the house. How often do you clean the house: never, once a month, once every two weeks, once a week, several times a week, or everyday?

(Clean the house)

- ☐ Never
 - ☐ Once a month
 - ☐ Once every two weeks
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday
-

6. How often do you wash the dishes or load and empty the dishwasher?

- ☐ Never
 - ☐ Once a month
 - ☐ Once every two weeks
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday
-

7. How often do you fix family meals?

- ☐ Never
 - ☐ Once a month
 - ☐ Once every two weeks
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday
-

8. How often do you do the laundry?

- ☐ Never
- ☐ Once a month
- ☐ Once every two weeks
- ☐ Once a week
- ☐ Several times a week
- ☐ Everyday

Survey of Program Dynamics

9. How often do you take care of brothers or sisters?

- ☐ Never
- ☐ Once a month
- ☐ Once every two weeks
- ☐ Once a week
- ☐ Several times a week
- ☐ Everyday

- ☐ Does not apply - do not have any brothers or sisters

10. Now, I will read a series of statements about how you feel about your responsibilities at home. Please tell me how strongly you disagree or agree with each statement.

I feel I have too many responsibilities at home for someone my age.

READ CATEGORIES

- ☐ Strongly disagree
- ☐ Disagree
- ☐ I'm in the middle
- ☐ Agree
- ☐ Strongly agree

11. I feel I do more than my share of chores in my family.

READ CATEGORIES

- ☐ Strongly disagree
- ☐ Disagree
- ☐ I'm in the middle
- ☐ Agree
- ☐ Strongly agree

12. I have not been doing well in school because of my responsibilities at home.

READ CATEGORIES

- ☐ Strongly disagree
- ☐ Disagree
- ☐ I'm in the middle
- ☐ Agree
- ☐ Strongly agree

13. Please tell me which category best describes the mother you live with. Is it

READ CATEGORIES

- ☐ Your biological mother (that is the mother you were born to) who lives with you
 - ☐ Your adoptive mother who lives with you
 - ☐ Your stepmother who lives with you
 - ☐ Another female in the household who is like a mother to you
(please describe how she is related to you : _____)
 - ☐ You don't live with a biological, adoptive, step, or other mother figure - SKIP TO
ITEM 22
-

14. Thinking about this woman, please indicate how strongly you disagree or agree with the following statements about her.

I think highly of her.

READ CATEGORIES

- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ I'm in the middle
 - ☐ Agree
 - ☐ Strongly agree
-

15. She is a person that I respect.

READ CATEGORIES

- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ I'm in the middle
 - ☐ Agree
 - ☐ Strongly agree
-

16. I really enjoy spending time with her.

READ CATEGORIES

- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ I'm in the middle
 - ☐ Agree
 - ☐ Strongly agree
-

17. I can count on her to keep her promises.

READ CATEGORIES

- ☐ Strongly disagree
- ☐ Disagree
- ☐ I'm in the middle
- ☐ Agree
- ☐ Strongly agree

18. Thinking about the mother you live with, please tell me how often she did the following things during the past 12 months.

How often did she:

Help you with things that are important to you?

READ CATEGORIES

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
-

19. Blame you for her problems?

READ CATEGORIES

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
-

20. Spend time just talking with you?

READ CATEGORIES

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
-

21. Show that she really cares about you?

READ CATEGORIES

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

22. Please tell me which category best describes the father you live with. Is it

READ CATEGORIES

- ☐ Your biological father (that is, the father you were born to) who lives with you
 - ☐ Your adoptive father who lives with you
 - ☐ Your stepfather who lives with you
 - ☐ Another male in the household who is like a father to you
(please describe how he is related to you : _____)
 - ☐ You don't live with a biological, adoptive, step, or other father figure --- SKIP TO
ITEM 31
-

23. Thinking about this man, please indicate how strongly you disagree or agree with the following statements about him.

I think highly of him.

READ CATEGORIES

- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ I'm in the middle
 - ☐ Agree
 - ☐ Strongly agree
-

24. He is a person that I respect.

READ CATEGORIES

- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ I'm in the middle
 - ☐ Agree
 - ☐ Strongly agree
-

25. I really enjoy spending time with him.

READ CATEGORIES

- ☐ Strongly disagree
- ☐ Disagree
- ☐ I'm in the middle
- ☐ Agree
- ☐ Strongly agree

26. I can count on him to keep his promises.

READ CATEGORIES

- ☐ Strongly disagree
 - ☐ Disagree
 - ☐ I'm in the middle
 - ☐ Agree
 - ☐ Strongly agree
-

27. Thinking about the father you live with, please indicate how often he did the following things during the past 12 months.

How often did he:

Help you with things that are important to you?

READ CATEGORIES

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
-

28. Blame you for his problems?

READ CATEGORIES

- ☐ Never
 - ☐ Rarely
 - ☐ Sometimes
 - ☐ Usually
 - ☐ Always
-

29. Spend time just talking with you?

READ CATEGORIES

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

30. Show that he really cares about you?

READ CATEGORIES

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Usually
- ☐ Always

31. Now we have a few questions about your parents or parent that you live with. How much do your parents/parent know about your close friends? Do they...

READ CATEGORIES

- ☐ Know nothing
- ☐ Know a little
- ☐ Know some things
- ☐ Know most things
- ☐ Know everything

32. How much do your parents or parent know about your close friends' parents?

READ CATEGORIES

- ☐ Know nothing
- ☐ Know a little
- ☐ Know some things
- ☐ Know most things
- ☐ Know everything

33. How much do your parents or parent know about WHERE you are when YOU are not home?

READ CATEGORIES

- ☐ Know nothing
- ☐ Know a little
- ☐ Know some things
- ☐ Know most things
- ☐ Know everything

34. How much do your parents or parent know about WHO you are with when YOU are not at home?

READ CATEGORIES

- ☐ Know nothing
- ☐ Know a little
- ☐ Know some things
- ☐ Know most things
- ☐ Know everything

-
35. How much do your parents or parent know about WHAT you are doing when THEY are not at home?

READ CATEGORIES

- ☐ Know nothing
- ☐ Know a little
- ☐ Know some things
- ☐ Know most things
- ☐ Know everything

-
36. During the school year, how much do your parents or parent know about who your teachers are?

READ CATEGORIES

- ☐ Know nothing
- ☐ Know a little
- ☐ Know some things
- ☐ Know most things
- ☐ Know everything
- ☐ Does not apply -- not in school--SKIP TO ITEM 38

-
37. During the school year, how much do your parents or parent know about what you are doing in school?

READ CATEGORIES

- ☐ Know nothing
- ☐ Know a little
- ☐ Know some things
- ☐ Know most things
- ☐ Know everything

-
38. Now we are going to name some things parents often set limits about. Thinking only about the parents or parent that you live with, who sets the limits on how late you stay out at night?

READ CATEGORIES

- ☐ You decide
- ☐ Parent or parents set limits
- ☐ Parent or parents and you decide jointly
- ☐ Does not apply -- don't go out at night --- SKIP TO ITEM 40
- ☐ Does not apply -- don't have limits --- SKIP TO ITEM 40

39. How often have you broken the limits about how late you stay out at night?

READ CATEGORIES

- ☐ Never in the past month
 - ☐ One or two times in the past month
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday or almost everyday in the past month
 - ☐ Does not apply - I set my own limits
-

40. Who sets the limits on what kinds of TV shows and movies you watch?

READ CATEGORIES

- ☐ You decide
 - ☐ Parent or parents set limits
 - ☐ Parent or parents and you decide jointly

 - ☐ Does not apply -- don't watch TV shows or movies --- SKIP TO ITEM 42
 - ☐ Does not apply -- don't have limits --- SKIP TO ITEM 42
-

41. How often have you broken the limits about what kinds of TV shows and movies you watch?

READ CATEGORIES

- ☐ Never in the past month
 - ☐ One or two times in the past month
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday or almost everyday in the past month
 - ☐ Does not apply - I set my own limits
-

42. Who sets the limits on who you can hang out with?

READ CATEGORIES

- ☐ You decide
- ☐ Parent or parents set limits
- ☐ Parent or parents and you decide jointly

- ☐ Does not apply -- don't hang out --- SKIP TO ITEM 44
- ☐ Does not apply -- don't have limits --- SKIP TO ITEM 44

43. How often have you broken the limits about who you can hang out with?

READ CATEGORIES

- ☐ Never in the past month
- ☐ One or two times in the past month
- ☐ Once a week
- ☐ Several times a week
- ☐ Everyday or almost everyday in the past month
- ☐ Does not apply - I set my own limits

44. Next, I will read some sentences about school. After I read a sentence please tell me whether the statement is not at all true, not very true, sort of true, or very true for you during the last school year.

READ CATEGORIES

"I work very hard on my schoolwork." Is that:

- ☐ Not at all true
- ☐ Not very true
- ☐ Sort of true
- ☐ Very true

- ☐ Does not apply -- not in school SKIP to Item 49

45. "I don't try very hard in school."

READ CATEGORIES

- ☐ Not at all true
- ☐ Not very true
- ☐ Sort of true
- ☐ Very true

- ☐ Does not apply -- not in school

46. "I pay attention in class."

READ CATEGORIES

- ☐ Not at all true
- ☐ Not very true
- ☐ Sort of true
- ☐ Very true

- ☐ Does not apply -- not in school

47. "I come to class unprepared."

READ CATEGORIES

- ☐ Not at all true
 - ☐ Not very true
 - ☐ Sort of true
 - ☐ Very true

 - ☐ Does not apply -- not in school
-

48. How important is it to you to do the best you can in school?

READ CATEGORIES

- ☐ Not important at all
 - ☐ Somewhat important
 - ☐ Very important
 - ☐ Extremely important

 - ☐ Does not apply -- not in school
-

49. The next few questions are about things young people sometimes do.

In the past year, how many times did you run away from home for at least one night?

READ CATEGORIES

- ☐ Never in the past year
 - ☐ 1 time
 - ☐ 2 - 3 times
 - ☐ 4 - 5 times
 - ☐ 6 or more times in the past year
-

50. How many times in the past year have you purposely damaged or destroyed property that did not belong to you?

- ☐ Never in the past year
- ☐ 1 time
- ☐ 2 - 3 times
- ☐ 4 - 5 times
- ☐ 6 or more times in the past year

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51. How many times in the past year have you stolen something that was worth less than 50 dollars?

- ☐ Never in the past year
- ☐ 1 time
- ☐ 2 - 3 times
- ☐ 4 - 5 times
- ☐ 6 or more times in the past year

52. How many times in the past year have you gotten into a physical fight with someone, other than a brother or sister, either started by you or by someone else?

- ☐ Never in the past year
- ☐ 1 time
- ☐ 2 - 3 times
- ☐ 4 - 5 times
- ☐ 6 or more times in the past year

53. The next few questions ask about cigarette smoking and the use of tobacco.

Have you ever tried cigarette smoking, even one or two puffs?

- ☐ Yes
- ☐ No --- SKIP TO ITEM 57

54. How old were you when you smoked a whole cigarette for the first time?

- ☐ Less than 9 years old
- ☐ 9 or 10 years old
- ☐ 11 or 12 years old
- ☐ 13 or 14 years old
- ☐ 15 or 16 years old
- ☐ 17 years old or older
- ☐ I have never smoked a whole cigarette]-Skip to Item 57

55. Have you ever smoked cigarettes regularly, that is, at least one cigarette a day for 30 days?

- ☐ Yes
- ☐ No

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56. During the past 30 days, how many days did you smoke cigarettes?

READ CATEGORIES

- ☐ Never in the past 30 days
 - ☐ 1 or 2 days
 - ☐ 3 to 5 days
 - ☐ 6 to 9 days
 - ☐ 10 to 19 days
 - ☐ 20 or more days in the past 30 days
-

57. The next few questions ask about drinking alcohol.

Have you ever had a drink of alcohol including beer, wine or hard liquor, other than just a few sips?

- ☐ Yes
 - ☐ No — SKIP TO ITEM 61
-

58. How old were you when you had your first drink of alcohol other than just a few sips?

- ☐ Less than 9 years old
 - ☐ 9 or 10 years old
 - ☐ 11 or 12 years old
 - ☐ 13 or 14 years old
 - ☐ 15 or 16 years old
 - ☐ 17 years old or older
-

59. During the past 30 days, how many days did you have at least one drink of alcohol?

- ☐ Never in the past 30 days--SKIP TO ITEM 61
 - ☐ 1 or 2 days
 - ☐ 3 to 5 days
 - ☐ 6 to 9 days
 - ☐ 10 to 19 days
 - ☐ 20 or more days in the past 30 days
-

60. During the past 30 days, how many days did you have at least 5 drinks of alcohol?

- ☐ Never in the past 30 days
 - ☐ 1 or 2 days
 - ☐ 3 to 5 days
 - ☐ 6 to 9 days
 - ☐ 10 to 19 days
 - ☐ 20 or more days in the past 30 days
-

61. The next few questions ask about the use of marijuana and other drugs.

Have you ever tried marijuana?

- ☐ Yes
- ☐ No --- SKIP TO ITEM 64

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62. How old were you when you tried marijuana for the first time?

- ☐ Less than 9 years old
 - ☐ 9 or 10 years old
 - ☐ 11 or 12 years old
 - ☐ 13 or 14 years old
 - ☐ 15 or 16 years old
 - ☐ 17 years old or older
-

63. During the past 30 days, how many days did you use marijuana?

- ☐ Never in the past 30 days
 - ☐ 1 or 2 days
 - ☐ 3 to 5 days
 - ☐ 6 to 9 days
 - ☐ 10 to 19 days
 - ☐ 20 or more days in the past 30 days
-

64. Have you ever tried any other type of illegal drug, such as cocaine, crack, LSD, PCP, ecstasy, mushrooms, speed, crystal meth, ice, heroin, or pills without a doctor's prescription?

- ☐ Yes
 - ☐ No --- SKIP TO ITEM 67
-

65. What was the youngest age at which you tried any of these for the first time?

- ☐ Less than 9 years old
 - ☐ 9 or 10 years old
 - ☐ 11 or 12 years old
 - ☐ 13 or 14 years old
 - ☐ 15 or 16 years old
 - ☐ 17 years old or older
-

66. During the past 30 days, how many days did you use one or more of these drugs?

- ☐ Never in the past 30 days
 - ☐ 1 or 2 days
 - ☐ 3 to 5 days
 - ☐ 6 to 9 days
 - ☐ 10 to 19 days
 - ☐ 20 or more days in the past 30 days
-

67. The next two questions are about welfare rules in your State for teenagers who are age 17 or younger. Can a teenager who has had a baby get her own apartment without any adult supervision and still receive welfare benefits?

READ CATEGORIES

- ☐ Yes
- ☐ No
- ☐ Don't know

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68. In order to receive welfare, is there a rule requiring a teenager who has had a baby to attend school?
- ☐ Yes
 - ☐ No
 - ☐ Don't know
-

The next few questions are about dating.

69. At what age, if at all, did you have your first date or begin going out?

_____ Age

- ☐ Does not apply -- never dated --- SKIP to CHECK ITEM 75
-

70. About how often do you go out with someone or date?

READ CATEGORIES

- ☐ Never --- SKIP to CHECK ITEM 75
 - ☐ Less than once a month
 - ☐ Once or twice a month
 - ☐ Once or twice a week
 - ☐ Three or more times a week
-

71. Are you now going out with one particular person, going out with mainly one person but others as well, or going out with several people?

- ☐ Not dating now --- SKIP to CHECK ITEM 75
 - ☐ One particular person
 - ☐ Mainly one person, but others as well
 - ☐ Several people
-

72. How old is the person you are currently going out with or mainly going out with?

- ☐ Less than 11 years old
- ☐ 11 - 13
- ☐ 14 - 15
- ☐ 16 - 17
- ☐ 18 - 19
- ☐ 20 - 21
- ☐ 22 - 24
- ☐ 25 or older

- ☐ Does not apply -- dating several people or is married

73. How many years of school has this person completed?

- ☐ 6th grade or less
- ☐ 7 - 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Some college
- ☐ College graduate

- ☐ Does not apply - dating several people or is married
- ☐ Don't know

74. During the past school year, was the person you are going out with or mainly going out with, a full-time student, a part-time student, or not in school?

- ☐ Full-time student
- ☐ Part-time student
- ☐ Not in school
- ☐ Don't know

75. During the past school year, was the person you are going out with or mainly going out with, working full time, working part time, or not working at all?

- ☐ Working full time
- ☐ Working part time
- ☐ Not working at all
- ☐ Don't know

CHECK ITEM 75

What is your age?

12 or 13.....1 --- **SKIP TO ITEM 94**

14 to 17.....2 --- **Continue**

The next few questions ask about sexual relations you may have had.

76. Have you ever had sexual intercourse, that is, made love, had sex, or gone all the way?

☐ Yes --- SKIP TO ITEM 78

☐ No

77. What are your reasons for not having sex at this time? You can choose more than one answer.

READ CATEGORIES

☐ 1 You think you're too young

☐ 2 You think sex before marriage is wrong

☐ 3 You don't want to get pregnant/get someone pregnant

☐ 4 You don't want to get a sexually transmitted disease

☐ 5 You're afraid parent(s) would find out

☐ 6 You don't have a boyfriend/girlfriend

☐ 7 You're waiting for the right person

☐ 8 You're not interested

☐ 9 You have some other reason. Please describe: _____

☐ This question does not apply

SKIP TO ITEM 94

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78. How old were you when you had sexual intercourse for the first time?

- ☐ 11 or younger
 - ☐ 12
 - ☐ 13
 - ☐ 14
 - ☐ 15
 - ☐ 16
 - ☐ 17 or older
-

79. How old was your first sexual partner at that time?

- ☐ 11 or younger
 - ☐ 12 - 13
 - ☐ 14 - 15
 - ☐ 16 - 17
 - ☐ 18 - 19
 - ☐ 20 - 21
 - ☐ 22 - 24
 - ☐ 25 or older

 - ☐ Don't know
-

80. At the time you first had sexual intercourse, how would you describe your relationship with your partner?

READ CATEGORIES

- ☐ 1 Just met
 - ☐ 2 Just friends
 - ☐ 3 Went out once in a while
 - ☐ 4 Going together, going steady
 - ☐ 5 Engaged
 - ☐ 6 Married
 - ☐ 7 Something else (please describe _____)
-

81. About how much education did your first sexual partner have at that time?

- ☐ 6th grade or less
- ☐ 7 - 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ 12th grade
- ☐ Some college
- ☐ College graduate

- ☐ Don't know

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82. At that time, was your first sexual partner a full-time student, a part-time student, or not in school?

- ☐ Full-time student
 - ☐ Part-time student
 - ☐ Not in school

 - ☐ Don't know
-

83. At that time, was your first sexual partner working full time, working part time, or not working at all?

- ☐ Working full time
 - ☐ Working part time
 - ☐ Not working at all
 - ☐ Don't know
-

84. During your life, with how many people have you had sexual intercourse?

- ☐ 1 person
 - ☐ 2 people
 - ☐ 3 people
 - ☐ 4 people
 - ☐ 5 people
 - ☐ 6 or more people
-

85. During the past 3 months, with how many people did you have sexual intercourse?

- ☐ None in the past 3 months
 - ☐ 1 person
 - ☐ 2 people
 - ☐ 3 people
 - ☐ 4 people
 - ☐ 5 people
 - ☐ 6 or more people in the past 3 months
-

The next few questions ask about the last time you had sexual intercourse.

86. The last time you had sexual intercourse, did you or your partner use a condom?

- ☐ Yes
- ☐ No

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87. The last time you had sexual intercourse, did you or your partner use any other method to prevent pregnancy?

- ☐ Yes
 - ☐ No --- SKIP TO ITEM 89
-

88. What method did you or your partner use? Please choose all that apply.
READ CATEGORIES

- ☐ 1 Birth control pills
 - ☐ 2 Condom
 - ☐ 3 Diaphragm
 - ☐ 4 Foam, jelly or cream
 - ☐ 5 Cervical cap
 - ☐ 6 Suppository or Insert
 - ☐ 7 Female condom, vaginal pouch
 - ☐ 8 IUD, coil, loop
 - ☐ 9 Norplant
 - ☐ 10 Dep-Provera, Injectables
 - ☐ 11 "Morning after" pills
 - ☐ 12 Rhythm or safe period
 - ☐ 13 Withdrawal, pulling out
 - ☐ 14 Other method
 - ☐ 15 Not sure
-

89. The last time you had sexual intercourse, did you drink alcohol or use drugs beforehand?

- ☐ Yes
 - ☐ No
-

90. The last time you had sexual intercourse, would you say that you wanted to become pregnant or get the other person pregnant?

READ CATEGORIES

- ☐ Yes
 - ☐ No
 - ☐ Didn't care
 - ☐ Didn't think about it
-

91. How many times have you been pregnant or gotten someone pregnant?

- _____ times
- ☐ Don't know
-

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92. Are you pregnant now, or is someone pregnant with your child now?

- ☐ Yes
 - ☐ No
 - ☐ Don't know
-

93. How many children have you ever given birth to or fathered? Please count only live births and do not count current pregnancy.

- _____ Number
- ☐ Don't know
-

94. Do either of your biological parents, or adoptive parents live outside of your home?

- ☐ Yes
 - ☐ No --- END INTERVIEW
 - ☐ Biological parent or parents not living --- END INTERVIEW
-

95. In what month and year did you last have contact of any kind including letters, phone calls, or face to face contact with your outside parent?

- _____ Month 19____ Year
- ☐ Never had contact -- **End Interview**
-

96. How often do you talk to your parent who lives outside your home on the phone?

READ CATEGORIES

- ☐ Never
 - ☐ Once or twice a year
 - ☐ Several times a year, but less than once a month
 - ☐ Once or twice a month
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday or almost everyday
-

97. How often do you get a card or letter from your outside parent?

READ CATEGORIES

- ☐ Never
- ☐ Once or twice a year
- ☐ Several times a year, but less than once a month
- ☐ Once or twice a month
- ☐ Once a week
- ☐ Several times a week
- ☐ Everyday or almost everyday

98. How often do you see your outside parent?

READ CATEGORIES

- ☐ Never
 - ☐ Once or twice a year
==> _____ About how many days per year?
 - ☐ Several times a year, but less than once a month
==> _____ About how many days per year?
 - ☐ Once or twice a month
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday or almost everyday
-

99. How often do you stay overnight with your outside parent?

READ CATEGORIES

- ☐ Never
 - ☐ Once or twice a year
==> _____ About how many days per year?
 - ☐ Several times a year, but less than once a month
==> _____ About how many days per year?
 - ☐ Once or twice a month
 - ☐ Once a week
 - ☐ Several times a week
 - ☐ Everyday or almost everyday
-

100. Thinking about your outside parent, please indicate how strongly you disagree or agree with the following statements.

I think highly of my outside parent.

READ CATEGORIES

- Strongly disagree 1 ☐
 - Disagree 2 ☐
 - I'm in the middle 3 ☐
 - Agree 4 ☐
 - Strongly agree 5 ☐
-

101. My outside parent is a person that I respect.

READ CATEGORIES

- Strongly disagree 1 ☐
- Disagree 2 ☐
- I'm in the middle 3 ☐
- Agree 4 ☐
- Strongly agree 5 ☐

102. I really enjoy spending time with my outside parent.

READ CATEGORIES

- Strongly disagree 1 ☐
Disagree 2 ☐
I'm in the middle 3 ☐
Agree 4 ☐
Strongly agree 5 ☐
-

103. I can count on my outside parent to keep promises.

READ CATEGORIES

- Strongly disagree 1 ☐
Disagree 2 ☐
I'm in the middle 3 ☐
Agree 4 ☐
Strongly agree 5 ☐
-

104. Thinking about your outside parent, please tell me how often your outside parent did the following things during the past 12 months.

How often did your outside parent:

Help you with things that are important to you?

READ CATEGORIES

- Never.....1 ☐
Rarely.....2 ☐
Sometimes.....3 ☐
Usually.....4 ☐
Always.....5 ☐
-

105. Blame you for his or her problems?

READ CATEGORIES

- Never.....1 ☐
Rarely.....2 ☐
Sometimes.....3 ☐
Usually.....4 ☐
Always.....5 ☐

106. Spend time just talking with you?

READ CATEGORIES

Never.....1 ☐

Rarely.....2 ☐

Sometimes.....3 ☐

Usually.....4 ☐

Always.....5 ☐

107. Show that he or she really cares about you?

READ CATEGORIES

Never.....1 ☐

Rarely2 ☐

Sometimes.....3 ☐

Usually.....4 ☐

Always.....5 ☐

THANK YOU FOR PARTICIPATION IN THE SURVEY.